

SDMS US EPA REGION V

COLOR - RESOLUTION - 3

IMAGERY INSERT FORM

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SITE NAME	CHEMICAL RECOVERY
DOC ID #	147464
DOCUMENT VARIATION	___ COLOR OR <u> X </u> RESOLUTION
PRP	RMD - CHEMICAL RECOVERY
PHASE	ENFORCEMENT
OPERABLE UNITS	
LOCATION	Box #___ Folder #___ Subsection___
PHASE (AR DOCUMENTS ONLY)	___ Remedial ___ Removal ___ Deletion Docket ___ ___ Original ___ Update # ___ Volume ___ of ___
COMMENT(S) FOLDER M-32	

— City of Elyria-Income Tax —
1%

147464

TO: Return This Form And All City Copy W-2's

REGIONAL INCOME TAX AGENCY

P.O. BOX 7777
INDEPENDENCE, OHIO 44131

RECONCILIATION OF RETURNS

Of Income Tax Withheld (Form 11)
With Forms W-2 Submitted Herewith

FORM 17

1. Total Number of Employees 20

Total Number of W-2 Forms Enclosed 20

2. Total RITA Wages Paid \$127,282.17

STATEMENT DATE 12-03-75 DUE DATE 01-31-76

Federal Employer Identification No. 3 4 0 4 2 0 8 8 4

CHEMICAL RECOVERY SYSTEMS INC.
142 LOCUST ST PO BOX 375
ELYRIA OH 44035

TAXPAYER'S COPY

3. Total Income Tax Withheld from compensation during 1976 as shown by form 11 for the period:

JANUARY	\$ 100.56	JULY	\$ 95.95
FEBRUARY	88.72	AUGUST	123.86
MARCH	89.78	SEPTEMBER	104.96
APRIL	89.07	OCTOBER	136.11
MAY	106.15	NOVEMBER	113.46
JUNE	92.08	DECEMBER	132.15

4. This total should equal 1% of line 2 except Cuyahoga Hts. and Shaker Hts. TOTAL \$ 1,272.85

*If quarterly payments were made, monthly breakdown not required. Explain fully any discrepancy on back of this form.

Signature President Title Date

① A. 20
B. 20

② 127,282.17

③ Jan. 100.56
Feb 88.72
March 89.78
April 89.07
May 106.15
June 92.08
July 95.95
August 123.86
Sept. 104.96
Oct 136.11
Nov. 113.46
Dec. 132.15

④ 1,272.85

OFFICE USE ONLY
P S _____
I S _____
T S _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

James C. ...
SIGNATURE TITLE

1-16-76
DATE

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

MAILING
ADDRESS

TAXPAYER'S
COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ <u>13,319.14</u>
2. AMOUNT OF TAXES WITHHELD	\$ <u>132.15</u>
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$ _____
4. BALANCE DUE AND PAID HEREWITH	\$ <u>132.15</u>
*DISTRIBUTE BELOW	

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDEVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$132.15	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

paid
1/16/76
ck # 175
\$132.15

**INSTRUCTIONS FOR COMPLETING
EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT (FORM 11)
FOR R.I.T.A. MUNICIPALITIES**

It is required that on or before the last day of each month, the taxes withheld in the previous month be paid and Form 11 filed with R.I.T.A. However, if the amount withheld in any one month for a municipality is less than \$100.00, the employer may defer the filing of Form 11 and the payment of the amount withheld until the last day of the month following the end of the calendar quarter.

Please check the appropriate box on the front of Form 11 to designate whether this is a monthly or quarterly return.

1. Place the amount of total wages, salaries, commissions, etc., subject to withholding tax for R.I.T.A. municipalities on line 1 of Form 11.
2. Place the amount of municipal taxes withheld for the period on line 2.
3. If you have any adjustments to the municipal taxes you have reported for the previous months of this calendar year, then place those adjustments on line 3 of Form 11. Also print on the back of Form 11 the reason for the adjustments or attach a printed or typewritten letter.
4. Subtract line 3 from line 2 and place that amount on line 4 of Form 11. This is the amount of tax due. List the amount of taxes for each municipality next to the name of the municipality where the taxes are due.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO R.I.T.A. ENCLOSE CHECK OR MONEY ORDER AND ORIGINAL COPY OF FORM 11 IN THE ENCLOSED RETURN ENVELOPE. RETAIN DUPLICATE COPY OF FORM 11 FOR YOUR RECORDS.

If you have any questions regarding the completion of this form, please call 398-8400.

CHANGES

If your mailing address, company name, trade name or R.I.T.A. city where located is incorrect or has changed from that shown on Form 11, enter all changes on the form next to the information that has changed.

EXPLANATION OF LINE 3 ADJUSTMENTS:

OFFICE USE ONLY

P \$ _____

I \$ _____

T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975MONTHLY RETURN ☒ QUARTERLY RETURN ☐

SIGNATURE

FEDERAL EMPLOYER
IDENTIFICATION NO.

TITLE

PERIOD ENDING
DATE

DATE

R.I.T.A. CITY WHERE LOCATED

TAXPAYER'S
COPYMAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 11,346.04
2. AMOUNT OF TAXES WITHHELD \$ 113.46
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HEREWITH \$ 113.46
*DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$113.46	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

Paul
12/30/75
chk # 147
\$ 113.46

MAILING
ADDRESS

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

SIGNATURE Jim Freeman
FEDERAL EMPLOYER
IDENTIFICATION NO. _____
R.I.T.A. CITY WHERE LOCATED _____

TITLE President DATE 11-19-75
PERIOD ENDING
DATE

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 13,613.83
2. AMOUNT OF TAXES WITHHELD \$ 136.11
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HERewith \$ 136.11
*DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDEerville		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$136.11	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

*Paid
11/19/75
OK # 12225
\$ 136.11*

OFFICE USE ONLY
P S _____
I S _____
T S _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT
REGIONAL INCOME TAX AGENCY
5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

J.C. Fleenor / CO
SIGNATURE

President
TITLE

10-20-75
DATE

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

TAXPAYER'S
COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 10,497.60
2. AMOUNT OF TAXES WITHHELD \$ 104.96
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HERewith \$ 104.96
*DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDEVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$104.96	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

PAID
10-20-75
CE # 12161
\$ 1,049.6

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

SIGNATURE
FEDERAL EMPLOYER
IDENTIFICATION NO.

President
TITLE
PERIOD ENDING
DATE

9-24-75
DATE

R.I.T.A. CITY WHERE LOCATED

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ <u>12,388.58</u>
2. AMOUNT OF TAXES WITHHELD	\$ <u>123.86</u>
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$ _____
4. BALANCE DUE AND PAID HERewith	\$ <u>123.86</u>

*DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$123.86	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

*Paid
9/24/75
ck # 1221
\$ 123.86*

OFFICE USE ONLY

P \$ _____

I \$ _____

T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975MONTHLY RETURN ☒QUARTERLY RETURN ☐

SIGNATURE

FEDERAL EMPLOYER
IDENTIFICATION NO.

R.I.T.A. CITY WHERE LOCATED

TITLE

PERIOD ENDING
DATE

8/29/75

DATE

TAXPAYER'S
COPYMAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 9,597.04
2. AMOUNT OF TAXES WITHHELD \$ 95.95
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HERewith \$ 95.95
*DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDEerville		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$95.95	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

Paid
8/29/75
OK # 12068
\$95.95

MAILING
ADDRESS

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

SIGNATURE

President
TITLE

7-19-75
DATE

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MAILING
ADDRESS

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 9,203.27
2. AMOUNT OF TAXES WITHHELD \$ 92.08
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HERewith \$ 92.08
DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	92.08	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

*Paid
7/19/75
ck 11963
\$92.08*

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

Jim Freeman
SIGNATURE

TITLE

President

DATE

6/27/75

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

**TAXPAYER'S
COPY**

*Paid 6/27/75
CK # 11906
\$106.15*

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ 10,612.40
2. AMOUNT OF TAXES WITHHELD	\$ 106.15
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$ _____
4. BALANCE DUE AND PAID HERewith	\$ 106.15

*DISTRIBUTE BELOW

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	106.15	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

OFFICE USE ONLY

P \$

I \$

T \$

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

SIGNATURE

President

5/29/75 DATE

FEDERAL EMPLOYER
IDENTIFICATION NO.PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☒ QUARTERLY RETURN ☐TAXPAYER'S
COPYMAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO
WITHHOLDING TAX

\$ 9,983.89

2. AMOUNT OF TAXES WITHHELD

\$ 89.07

3. ADJUSTMENTS FOR PREVIOUS
MONTHS OF CALENDAR YEAR
(EXPLAIN ON BACK OF FORM)

4. BALANCE DUE AND PAID HERewith \$

\$ 89.07

DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	89.07	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

Paid
5/29/75
ck # 11839
\$89.07MAILING
ADDRESS

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

James C. ... **President**

4-14-75

SIGNATURE
FEDERAL EMPLOYER
IDENTIFICATION NO.

TITLE
PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED	
1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ 8,976.46
2. AMOUNT OF TAXES WITHHELD	\$ 89.78
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$ _____
4. BALANCE DUE AND PAID HERewith	\$ 89.78
*DISTRIBUTE BELOW	

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$89.78	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HUFON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

Paid
4-14-75
OK # 11772
\$89.78

OFFICE USE ONLY

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6800-T

Form 11
1975

CLEVELAND, OHIO 44101

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

SIGNATURE

FEDERAL EMPLOYER
IDENTIFICATION NO.

President

3-25-75

DATE

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

TAXPAYER'S
COPYMAKE ALL CHANGES ABOVE
DO NOT WRITE OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 8,871.84
2. AMOUNT OF TAXES WITHHELD \$ 88.72
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HEREWITH \$ 88.72
*DISTRIBUTE BELOW

DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURGH HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDEerville		
250	CLEVELAND HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA			750	SHAKER HTS		
300	FARVIEW PARK	1%	\$88.72	752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKELAND			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MABLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

Handwritten:
Paid
3/25/75
ck # 11737
\$ 88.72

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5755 GRANGER ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

James C. Freeman / Co
SIGNATURE

President
TITLE

2-25-75
DATE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1975

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☒ QUARTERLY RETURN ☐

MAILING
ADDRESS

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ <u>10,053.00</u>
2. AMOUNT OF TAXES WITHHELD	\$ <u>100.56</u>
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$ _____
4. BALANCE DUE AND PAID HERewith *DISTRIBUTE BELOW	\$ <u>100.56</u>

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	RATE*	AMOUNT	CODE	MUNICIPALITY	RATE*	AMOUNT
010	AURORA			485	MAYFIELD VILLAGE		
020	AVON			500	MIDDLEBURG HTS		
040	BAY VILLAGE			520	MORELAND HILLS		
060	BEDFORD			540	NEWBURGH HTS		
090	BENTLEYVILLE			550	NORTH OLMSTED		
100	BEREA			565	NORTH RIDGEVILLE		
130	BRECKSVILLE			580	OAKWOOD		
140	BROADVIEW HTS			590	OLMSTED FALLS		
160	BROOKLYN HTS			600	ORANGE		
180	CHAGRIN FALLS			650	PEPPER PIKE		
210	CLEVELAND HTS			660	REMINDERVILLE		
250	CUYAHOGA HTS	.50%		670	RICHMOND HTS		
270	EAST CLEVELAND			720	SEVEN HILLS		
277	ELYRIA	1%	\$100.56	750	SHAKER HTS		
300	FAIRVIEW PARK			752	SHEFFIELD VILLAGE		
320	GARFIELD HTS			770	SOUTH EUCLID		
370	HIGHLAND HTS			775	STREETSBORO		
385	HURON			780	STRONGSVILLE		
390	INDEPENDENCE			800	UNIVERSITY HTS		
400	LAKEWOOD			810	VALLEY VIEW		
440	LYNDHURST			820	WALTON HILLS		
460	MAPLE HTS			840	WESTLAKE		
480	MAYFIELD HTS			900	WOODMERE		

* ALL TAX RATES ARE 1% UNLESS OTHERWISE INDICATED.

DO NOT ADD CITIES

PAID
2/25/75
CK # 11682
\$ 100.56

OFFICE USE ONLY
P S _____
I S _____
T S _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

Anna Cherman General Manager 1-18-75
SIGNATURE TITLE DATE

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form 11
1974

MONTHLY RETURN ☐ QUARTERLY RETURN ☒

TAXPAYER'S
COPY

MAILING
ADDRESS

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF 1/2%.

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURGH HTS	\$	720	SEVEN HILLS	\$
040	BAY VILLAGE		277	ELYRIA	8338.65	520	MORELAND HILLS		750	SHAKER HTS	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		770	SOUTH EUCLID	
100	BEREA		370	HIGHLAND HTS		565	NORTH RIDGEVILLE		775	STREETSBORO	
130	BRECKSVILLE		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
140	BROADVIEW HTS		400	LAKEWOOD		590	OLMSTED FALLS		800	UNIVERSITY HTS	
160	BROOKLYN HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
180	CHAGRIN FALLS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
210	CLEVELAND HTS		480	MAYFIELD HTS		660	REMINDEVILLE		840	WESTLAKE	
			485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	

DO NOT ADD CITIES

LINES 1, 2 AND 4 MUST BE COMPLETED	
1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ 33,860.38
2. AMOUNT OF TAXES WITHHELD	\$ 338.65
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$
4. BALANCE DUE AND PAID HERewith \$	338.65
*DISTRIBUTE BELOW	

* * PLEASE NOTE * *

EFFECTIVE JULY 1, 1975 THE MUNICIPAL TAX RATE FOR WORK PERFORMED
OR SERVICES RENDERED WITHIN THE CITY OF SHAKER HEIGHTS MUST BE
WITHHELD AT THE RATE OF ONE AND ONE HALF PERCENT. (1 1/2 %)

Regional Income Tax Agency

5805 VALLEY BELT ROAD, INDEPENDENCE, OHIO 44131
398-8400

JOHN R. URBAN
Tax Administrator

EFFECTIVE JANUARY 1, 1976, THE MUNICIPAL INCOME TAX RATE OF THE CITY OF UNIVERSITY HEIGHTS WILL BE 1.5%. THIS RATE WAS APPROVED BY THE VOTERS OF UNIVERSITY HEIGHTS.

ALL WITHHOLDING FOR THE CITY OF UNIVERSITY HEIGHTS MUST BE AT THE RATE OF 1.5% STARTING JANUARY 1, 1976.

Regional Income Tax Agency
P.O. Box 7777
Independence, Ohio 44131

Dear Sir:

This is to inform you that we have changed the name of this company from Obitts Chemical Company to Chemical Recovery Systems, Inc. Please change your records accordingly. Our federal employer number is 34-0420884.

Yours truly,

James C. Freeman, President
Chemical Recovery Systems, Inc.

January 31, 1975

TO: Return This Form And All City Copy W-2's

REGIONAL INCOME TAX AGENCY

P.O. BOX 7777
INDEPENDENCE, OHIO 44131

RECONCILIATION OF RETURNS

Of Income Tax Withheld (Form 11)
With Forms W-2 Submitted Herewith

FORM 17

1. Total Number of Employees	34
Total Number of W-2 Forms Enclosed	34
2. Total RITA Wages Paid	124,183.21
STATEMENT DATE	DUE DATE
Federal Employer Identification No.	

3. Total Income Tax Withheld from compensation during 1974 as shown by form 11 for the period:	
JANUARY \$	JULY \$
FEBRUARY	AUGUST
*MARCH \$ 275.51	*SEPTEMBER \$ 341.00
APRIL	OCTOBER
MAY	NOVEMBER
*JUNE \$ 286.71	*DECEMBER \$ 338.65
4. This total should equal 1% of line 2 except Cuyahoga Hts. TOTAL \$ 1,241.87	
*If quarterly payments were made, monthly breakdown not required. Explain fully any discrepancy on back of this form.	

TAXPAYER'S COPY

James C. Freeman Gen. Mgr. 1/22/75
Signature Title Date

OFFICE USE ONLY

P \$ _____

I \$ _____

T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 8800-T

CLEVELAND, OHIO 44101

Form 11
1974

MONTHLY RETURN ☐ QUARTERLY RETURN ☐

SIGNATURE _____ TITLE _____ DATE _____

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

--	--	--	--	--	--	--	--	--	--

Federal Employer
Identification No.

MAILING ADDRESS PLEASE PRINT OR TYPE	Company Name
	Present Address (Number and street, including apartment number, or rural route)
	City, town or post office, State and ZIP Code

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF ½%.

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	277	ELYRIA	\$	500	MIDDLEBURG HTS	\$	720	SEVEN HILLS	\$
020	AVON		300	FAIRVIEW PARK		520	MORELAND HILLS		750	SHAKER HTS	
040	BAY VILLAGE		320	GARFIELD HTS		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
060	BEDFORD		370	HIGHLAND HTS		550	NORTH OLMSTED		770	SOUTH EUCLID	
090	BENTLEYVILLE		385	HURON		565	NORTH RIDGEVILLE		775	STREETSBORO	
100	BEREA		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
130	BRECKSVILLE		400	LAKESWOOD		590	OLMSTED FALLS		800	UNIVERSITY HTS	
140	BROADVIEW HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
160	BROOKLYN HTS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
180	CHAGRIN FALLS		480	MAYFIELD HTS		660	REMINDEVILLE		840	WESTLAKE	
210	CLEVELAND HTS		485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	
250	CUYAHOGA HTS										

DO NOT ADD CITIES

**INSTRUCTIONS FOR COMPLETING
EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT (FORM 11)
FOR R.I.T.A. MUNICIPALITIES**

It is required that on or before the last day of each month, the taxes withheld in the previous month be paid and Form 11 filed with R.I.T.A. However, if the amount withheld in any one month for a municipality is less than \$100.00, the employer may defer the filing of Form 11 and the payment of the amount withheld until the last day of the month following the end of the calendar quarter.

Please check the appropriate box on the front of Form 11 to designate whether this is a monthly or quarterly return.

1. Place the amount of total wages, salaries, commissions, etc., subject to withholding tax for R.I.T.A. municipalities on line 1 of Form 11.
2. Place the amount of municipal taxes withheld for the period on line 2.
3. If you have any adjustments to the municipal taxes you have reported for the previous months of this calendar year, then place those adjustments on line 3 of Form 11. Also print on the back of Form 11 the reason for the adjustments or attach a printed or typewritten letter.
4. Subtract line 3 from line 2 and place that amount on line 4 of Form 11. This is the amount of tax due. List the amount of taxes for each municipality next to the name of the municipality where the taxes are due.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO R.I.T.A. ENCLOSE CHECK OR MONEY ORDER AND ORIGINAL COPY OF FORM 11 IN THE ENCLOSED RETURN ENVELOPE. RETAIN DUPLICATE COPY OF FORM 11 FOR YOUR RECORDS.

If you have any questions regarding the completion of this form, please call 398-8400.

CHANGES

If your mailing address, company name, trade name or R.I.T.A. city where located is incorrect or has changed from that shown on Form 11, enter all changes on the form next to the information that has changed.

EXPLANATION OF LINE 3 ADJUSTMENTS:

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

James C. Freeman General Manager 10/22/74
SIGNATURE TITLE DATE

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form
19

MONTHLY RETURN ☐ QUARTERLY RETURN ☐

MAILING
ADDRESS

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF ½%.

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURGH HTS	\$	720	SEVEN HILLS	\$
040	BAY VILLAGE		277	ELYRIA	341.00	520	MORELAND HILLS		750	SHAKER HTS	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		770	SOUTH EUCLID	
100	BEREA		370	HIGHLAND HTS		565	NORTH RIDGEVILLE		775	ST. CLEVELAND	
130	BRECKSVILLE		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
140	BROADVIEW HTS		400	LAKEWOOD		590	OLMSTED FALLS		800	UNIVERSITY HTS	
160	BROOKLYN HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
180	CHAGRIN FALLS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
210	CLEVELAND HTS		480	MAYFIELD HTS		660	REMINDESVILLE		840	WESTLAKE	
			485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	

DO NOT ADD CITIES

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

James Chapman General Manager 7-17-74
SIGNATURE TITLE DATE
FEDERAL EMPLOYER IDENTIFICATION NO. PERIOD ENDING DATE
R.I.T.A. CITY WHERE LOCATED

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

MONTHLY RETURN ☐ QUARTERLY RETURN ☐

MAILING ADDRESS

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION
ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF ½%.

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ <u>28,670.91</u>
2. AMOUNT OF TAXES WITHHELD	\$ <u>286.71</u>
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$ _____
4. BALANCE DUE AND PAID HEREWITH *DISTRIBUTE BELOW	\$ <u>286.71</u>

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURGH HTS	\$	720	SEVEN HILLS	\$
040	BAY VILLAGE		277	ELYRIA	<u>286.71</u>	520	MORELAND HILLS		750	SHAKER HTS	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		770	SOUTH EUCLID	
100	BEREA		370	HIGHLAND HTS		565	NORTH RIDGEVILLE		775	STREETSBORO	
130	BRECKSVILLE		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
140	BROADVIEW HTS		400	LAKEWOOD		590	OLMSTED FALLS		800	UNIVERSITY HTS	
160	BROOKLYN HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
180	CHAGRIN FALLS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
210	CLEVELAND HTS		480	MAYFIELD HTS		660	REMINDEVILLE		840	WESTLAKE	
			485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	

DO NOT ADD CITIES

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

James C. Freeman, Gen. Manager 4/22/74
SIGNATURE TITLE DATE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☐ QUARTERLY RETURN

MAILING
ADDRESS

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF ½%.

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX	\$ 27,553.23
2. AMOUNT OF TAXES WITHHELD	\$ 275.51
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM)	\$
4. BALANCE DUE AND PAID HEREWITH *DISTRIBUTE BELOW	\$ 275.51

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURG HTS	\$	720	SEVEN HILLS	\$
040	BAY VILLAGE		277	ELYRIA	\$275.51	520	MORELAND HILLS		750	SHAKER HTS	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		770	SOUTH EUCLID	
100	BEREA		370	HIGHLAND HTS		565	NORTH RIDGEVILLE		775	STREETSBORO	
130	BRECKSVILLE		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
140	BROADVIEW HTS		400	LAKEWOOD		590	OLMSTED FALLS		800	UNIVERSITY HTS	
160	BROOKLYN HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
180	CHAGRIN FALLS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
210	CLEVELAND HTS		480	MAYFIELD HTS		660	REMINDEVILLE		840	WESTLAKE	
			485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	

DO NOT ADD CITIES

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

INSTRUCTIONS ON REVERSE SIDE

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

SIGNATURE
FEDERAL EMPLOYER
IDENTIFICATION NO.

TITLE
PERIOD ENDING
DATE

DATE

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☐ QUARTERLY RETURN ☐

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 30,499.05
2. AMOUNT OF TAXES WITHHELD \$ 304.98
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HEREWITH \$ 304.98
*DISTRIBUTE BELOW

TAXPAYER'S
COPY

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF 1/2%.

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURG HTS	\$	720	SEVEN HILLS	\$
040	BAY VILLAGE		277	ELYRIA	<u>\$304.98</u>	520	MORELAND HILLS		750	SHAKER HTS	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMS TED		770	SOUTH EUCLID	
100	BEREA		370	HIGHLAND HTS		565	NORTH RIDGEVILLE		775	STREETSBORO	
130	BRECKSVILLE		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
140	BROADVIEW HTS		400	LAKEWOOD		590	OLMS TED FALLS		800	UNIVERSITY HTS	
160	BROOKLYN HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
180	CHAGRIN FALLS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
210	CLEVELAND HTS		480	MAYFIELD HTS		660	REMIN DERVILLE		840	WESTLAKE	
			485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	

DO NOT ADD CITIES

MAILING
ADDRESS

OFFICE USE ONLY

P. S. _____

I. S. _____

T. S. _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

INSTRUCTIONS ON REVERSE SIDE

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

SIGNATURE

TITLE

DATE

MAIL TO: R.I.T.A.

Form

FEDERAL EMPLOYER
IDENTIFICATION NO.PERIOD ENDING
DATE

P. O. BOX 6600-T

15

CLEVELAND, OHIO 44101

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☐QUARTERLY RETURN ☐

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO
WITHHOLDING TAX\$ 30,782.50

2. AMOUNT OF TAXES WITHHELD

\$ 307.873. ADJUSTMENTS FOR PREVIOUS
MONTHS OF CALENDAR YEAR
(EXPLAIN ON BACK OF FORM)

\$ _____

4. BALANCE DUE AND PAID HERewith \$ 307.87
*DISTRIBUTE BELOWTAXPAYER'S
COPY

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

ALL MUNICIPALITIES LISTED BELOW HAVE A TAX RATE OF 1%
EXCEPT CUYAHOGA HTS WHICH HAS A TAX RATE OF 1/2%.*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD
BASED ON CITY WHERE WORK PERFORMEDpaid 10/27/72
Ch. # 10054

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURGH HTS	\$	720	SEVEN HILLS	\$
040	BAY VILLAGE		277	ELYRIA	<u>307.87</u>	520	MORELAND HILLS		750	SHAKER HTS	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		752	SHEFFIELD VILLAGE	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		770	SOUTH EUCLID	
100	BEREA		370	HIGHLAND HTS		565	NORTH RIDGEVILLE		775	STREETSBORO	
130	BRECKSVILLE		390	INDEPENDENCE		580	OAKWOOD		780	STRONGSVILLE	
140	BROADVIEW HTS		400	LAKEWOOD		590	OLMSTED FALLS		800	UNIVERSITY HTS	
160	BROOKLYN HTS		440	LYNDHURST		600	ORANGE		810	VALLEY VIEW	
180	CHAGRIN FALLS		460	MAPLE HTS		650	PEPPER PIKE		820	WALTON HILLS	
210	CLEVELAND HTS		480	MAYFIELD HTS		660	REMINDEVILLE		840	WESTLAKE	
			485	MAYFIELD VILLAGE		670	RICHMOND HTS		900	WOODMERE	

DO NOT ADD CITIES

MAILING
ADDRESS

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form
1:

MONTHLY RETURN ☐ QUARTERLY RETURN ☐

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 30,984.24
2. AMOUNT OF TAXES WITHHELD \$ 309.91
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HERewith \$ 309.91
*DISTRIBUTE BELOW

MAILING
ADDRESS

TAXPAYER'S COPY

MAKE ALL CHANGES ABOVE

DO NOT CROSS OUT INCORRECT INFORMATION

INSTRUCTIONS ON REVERSE SIDE

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURG HTS	\$	750	SHAKER HTS	\$
040	BAY VILLAGE	\$	277	ELYRIA	<u>309.91</u>	520	MORELAND HILLS		752	SHEFFIELD VILLAGE	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		770	SOUTH EUCLID	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		775	STREETSBORO	
100	BEREA		370	HIGHLAND HTS		580	OAKWOOD		780	STRONGSVILLE	
130	BRECKSVILLE		390	INDEPENDENCE		590	OLMSTED FALLS		800	UNIVERSITY HTS	
140	BROADVIEW HTS		400	LAKEWOOD		600	ORANGE		810	VALLEYVIEW	
160	BROOKLYN HTS		440	LYNDHURST		650	PEPPER PIKE		820	WATON HILLS	
180	CHAGRIN FALLS		460	MAPLE HTS		660	REMINDERVILLE		840	WESTLAKE	
210	CLEVELAND HTS		480	MAYFIELD HTS		670	RICHMOND HTS		900	WOODMERE	
			485	MAYFIELD VILLAGE		720	SEVEN HILLS				

DO NOT ADD CITIES

OFFICE USE ONLY
P \$ _____
I \$ _____
T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY
5805 VALLEY BELT ROAD INDEPENDENCE, OHIO 44131

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.

P. O. BOX 6600-T

CLEVELAND, OHIO 44101

Form
197

SIGNATURE
FEDERAL EMPLOYER
IDENTIFICATION NO.

TITLE
PERIOD ENDING
DATE

DATE

R.I.T.A. CITY WHERE LOCATED

MONTHLY RETURN ☐ QUARTERLY RETURN ☐

LINES 1, 2 AND 4 MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 28,909.29
2. AMOUNT OF TAXES WITHHELD \$ 289.10
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HEREWITH \$ 289.10
*DISTRIBUTE BELOW

TAXPAYER'S
COPY

MAKE ALL CHANGES ABOVE
DO NOT CROSS OUT INCORRECT INFORMATION

INSTRUCTIONS ON REVERSE SIDE

*DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	250	CUYAHOGA HTS	\$	500	MIDDLEBURG HTS	\$	750	SHAKER HTS	\$
040	BAY VILLAGE		277	ELYRIA	<u>289.10</u>	520	MORELAND HILLS		752	SHEFFIELD VILLAGE	
060	BEDFORD		300	FAIRVIEW PARK		540	NEWBURGH HTS		770	SOUTH EUCLID	
090	BENTLEYVILLE		320	GARFIELD HTS		550	NORTH OLMSTED		775	STREETSBORE	
100	BEREA		370	HIGHLAND HTS		580	OAKWOOD		780	STRONGSVILLE	
130	BRICKSVILLE		390	INDEPENDENCE		590	OLMSTED FALLS		800	UNIVERSITY HTS	
140	BROADVIEW HTS		400	LAKEWOOD		600	ORANGE		810	VALLEY VIEW	
160	BROOKLYN HTS		440	LYNDHURST		650	PEPPER PIKE		820	WALTON HTS	
180	CHAGRIN FALLS		460	MAPLE HTS		660	REMINDERVILLE		840	WESTLAKE	
210	CLEVELAND HTS		480	MAYFIELD HTS		670	RICHMOND HTS		900	WOODMERE	
			485	MAYFIELD VILLAGE		720	SEVEN HILLS				

DO NOT ADD CITIES

MAILING
ADDRESS

►REGIONAL INCOME TAX AGENCY

P.O. BOX 7777

INDEPENDENCE, OHIO 44131

RECONCILIATION OF RETURNS

Of Income Tax Withheld (Form 11)

With Forms W-2 Submitted Herewith

FORM 17

1. Total Number of Employees

46

Total Number of W-2 Forms Enclosed

46

2. Total RITA Wages Paid

\$1,211.86

STATEMENT DATE 12-18-73

DUE DATE 04-30-74

Federal Employer
Identification No.

3 4 0 4 2 0 8 8 4

ONITTS CHEMICAL CO.
142 LOCUST ST. PO BOX 375
ELYRIA OH 44035**TAXPAYER'S COPY**3. Total Income Tax Withheld from compensation during
1973 as shown by Form 11 for the period:

JANUARY	\$		JULY	\$	
FEBRUARY	\$		AUGUST	\$	
MARCH	\$	<u>289.10</u>	SEPTEMBER	\$	<u>307.87</u>
APRIL	\$		OCTOBER	\$	
MAY	\$		NOVEMBER	\$	
JUNE	\$	<u>309.91</u>	DECEMBER	\$	<u>304.98</u>

4. This total should equal 1%
of line 2 except Cuyahoga Hts. TOTAL \$ 1,211.86*If quarterly payments were made, monthly breakdown not
required. Explain fully any discrepancy on back of this Form.

Dorothy K. Chittles V.P. 1/16/74
Signature Title Date

1973
 (continued)
 City of Fort Worth
 No. 2

1532	+
211	+
363	+
15800	+
1447	+
245	+
476	+
290	+
310	+
1141	+
410	+
189	+
366	+
717	+
327	+
820	+
24822	+
3841	+
117	+
362	+
125	+
1326	+
141	+
476	+
567	+
803	+
675	+
89	+
304	+
272	+
1627	+
4443	+
543	+
4512	+
1318	+
12023	+
13995	+
228	+
232	+
1365	+
3071	+
8146	+
1988	+
770	+
228	+
165	+
121186	S
121186	T

**INSTRUCTIONS FOR COMPLETING
EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT (FORM 11)
FOR R.I.T.A. MUNICIPALITIES**

Effective January 1, 1972, it will be required that on or before the last day of each month, the taxes withheld in the previous month be paid and Form 11 filed with R.I.T.A. However, if the amount withheld in any one month for a municipality is less than \$100.00, the employer may defer the filing of Form 11 and the payment of the amount withheld until the last day of the month following the end of the calendar quarter.

Please check the appropriate box on the front of Form 11 to designate whether this is a monthly or quarterly return.

1. Place the amount of total wages, salaries, commissions, etc. subject to withholding tax in R.I.T.A. municipalities on line 1 of Form 11. Do not include payroll on Line 1 against which there is no withholding for R.I.T.A. (e.g., employees under age with no withholding or that part of payroll where tax is paid another agency).
2. List the amount of municipal taxes that are being withheld for each municipality in the space provided next to the name of that municipality listed on the bottom part of Form 11. Then place the total taxes withheld for all municipalities on line 2 of Form 11.
3. If you have any adjustments to the municipal taxes you have reported for the previous months of this calendar year, then place those adjustments on line 3 of Form 11.

Explain adjustment as to tax withheld and wages subject to tax on back of form or in letter attached to Form 11.

4. Subtract line 3 from line 2 and place that amount on line 4 of Form 11. This is the amount of tax due.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO R.I.T.A. ENCLOSE CHECK OR MONEY ORDER AND ORIGINAL COPY OF FORM 11 IN THE ENCLOSED RETURN ENVELOPE. RETAIN DUPLICATE COPY OF FORM 11 FOR YOUR RECORDS.

MAIL TO: R.I.T.A., Post Office Box 6600-T, Cleveland, Ohio 44101

If you have any questions regarding the completion of this form, please call 398-8400.

CHANGES

If your mailing address, company name, trade name or R.I.T.A. city where located is incorrect or has changed from that shown on Form 11, please check the box provided on the front of Form 11.

PLEASE enter all changes on the **CORRECTION FORM** at the bottom of this page and ATTACH TO your withholding statement and remittance.

TEAR ALONG DOTTED LINE

(Please print or type)

CORRECTION FORM

Please enter all information below and circle the numbers of any items which have changed.

FEDERAL EMPLOYER
IDENTIFICATION NO.

1.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date _____

Date Change was effective _____

2. Company Name _____

3. Trade Name, Division or c/o _____

4. Mailing Address _____

5. R.I.T.A. City where Work Performed (If more than one, write "MULTIPLE") _____

Signature _____

1972

RECONCILIATION OF RETURNS
Of Income Tax Withheld (Form 11)
With Forms W-2 Submitted Herewith

1972

Regional Income Tax Agency

<p>1. Total Number Of Employees. 43</p> <hr/> <p>2. Total Tax Withheld From Employees. \$ 1,142.04</p> <p>Federal Employer Identification No. 340420884</p> <p><i>Obitts Chemical Company</i></p> <hr/> <p>Company Name <i>142 Locust Street</i></p> <hr/> <p>Street Address <i>Elyria, Ohio 44035</i></p> <hr/> <p>City <i>Elyria</i> State <i>Ohio</i> Zip Code <i>44035</i></p> <hr/> <p>Signature <i>Norothy R. Obitts</i> Title <i>V.P.</i> Date <i>1/25/73</i></p> <hr/> <p align="center">Retain This Copy For Your Records</p>	<p align="center">Do Not Remit with this Form; For Reconciliation Purposes Only.</p> <hr/> <p>3. Total Income Tax Withheld from compensation during 1972 as shown by Form 11 for the period:</p> <table style="width:100%;"> <tr> <td>JANUARY \$</td> <td>JULY \$</td> </tr> <tr> <td>FEBRUARY</td> <td>AUGUST</td> </tr> <tr> <td>*MARCH 281.00</td> <td>*SEPTEMBER 287.23</td> </tr> <tr> <td>APRIL</td> <td>OCTOBER</td> </tr> <tr> <td>MAY</td> <td>NOVEMBER</td> </tr> <tr> <td>*JUNE 286.69</td> <td>*DECEMBER 287.12</td> </tr> <tr> <td align="right" colspan="2">1,142.04</td> </tr> </table> <p>4. Total \$ 1,142.04</p> <hr/> <p><small>* If quarterly payments were made, monthly breakdown not required. Items 2 and 4 should be identical. Explain fully any discrepancy on back of this Form.</small></p>	JANUARY \$	JULY \$	FEBRUARY	AUGUST	*MARCH 281.00	*SEPTEMBER 287.23	APRIL	OCTOBER	MAY	NOVEMBER	*JUNE 286.69	*DECEMBER 287.12	1,142.04	
JANUARY \$	JULY \$														
FEBRUARY	AUGUST														
*MARCH 281.00	*SEPTEMBER 287.23														
APRIL	OCTOBER														
MAY	NOVEMBER														
*JUNE 286.69	*DECEMBER 287.12														
1,142.04															

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

TEL. (216) 398-8400

(CHECK ONE)

FORM 11

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

MONTHLY RETURN ☐

QUARTERLY RETURN ☒

1972

R.I.T.A. CITY WHERE LOCATED

DO NOT MAKE CHANGES ON THIS FORM
THEY CANNOT BE RECORDED FROM THIS PAGE.
USE CORRECTION FORM ON INSTRUCTION SHEET.

MAILING
ADDRESS

ALL LINES MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 28,708.51
2. AMOUNT OF TAXES WITHHELD \$ 287.12
* DISTRIBUTE BELOW
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ 0
4. BALANCE DUE AND PAID HERewith \$ 287.12

THIS FORM MUST BE RETURNED WITH REMITTANCE

☐ CORRECTION FORM ATTACHED.

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

Norah K. O'Brien V.P. 1/25/73
SIGNATURE TITLE DATE

THIS FORM MUST BE SIGNED.

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.
P.O. BOX 6600-T
CLEVELAND, OHIO 44101

* DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	370	HIGHLAND HTS	\$	650	PEPPER PIKE	\$
040	BAY VILLAGE		390	INDEPENDENCE		670	RICHMOND HTS	
060	BEDFORD		400	LAKEWOOD		720	SEVEN HILLS	
100	BEREA		440	LYNDHURST		750	SHAKER HTS	
130	BRECKSVILLE		460	MAPLE HTS		752	SHEFFIELD VILLAGE	
140	BROADVIEW HTS		480	MAYFIELD HTS		770	SOUTH EUCLID	
160	BROOKLYN HTS		485	MAYFIELD VILLAGE		775	STREETSBORO	
180	CHAGRIN FALLS		500	MIDDLEBURG HTS		780	STRONGSVILLE	
210	CLEVELAND HTS		520	MORELAND HILLS		800	UNIVERSITY HTS	
250	CUYAHOGA HTS		540	NEWBURGH HTS		810	VALLEY VIEW	
277	ELYRIA	<u>287.12</u>	550	NORTH OLMSTED		820	WALTON HILLS	
300	FAIRVIEW PARK		580	OAKWOOD		840	WESTLAKE	
320	GARFIELD HTS		590	OLMSTED FALLS		900	WOODMERE	
			600	ORANGE				

DO NOT ADD CITIES TO LIST

DUPLICATE

paid
1/25/73
CE # 9328

FORM 11
3/24/72

ALL MUNICIPALITIES LISTED ABOVE HAVE A 1% MUNICIPAL INCOME TAX RATE, WITH THE EXCEPTION OF CUYAHOGA HEIGHTS WHOSE TAX RATE IS 1/2%.

TOTAL (INSERT ON LINE 2 ABOVE) \$

287.12

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT
REGIONAL INCOME TAX AGENCY
TEL. (216) 398-8400

FEDERAL EMPLOYER
IDENTIFICATION NO.

PERIOD ENDING
DATE

(CHECK ONE) ☒

MONTHLY RETURN

QUARTERLY RETURN ☒

FORM 11

1972

R.I.T.A. CITY WHERE LOCATED

DO NOT MAKE CHANGES ON THIS FORM
THEY CANNOT BE RECORDED FROM THIS PAGE.
USE CORRECTION FORM ON INSTRUCTION SHEET.

MAILING
ADDRESS

☐ CORRECTION FORM ATTACHED.

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

Nancy H. White V. P. 10/30/72
SIGNATURE TITLE DATE

THIS FORM MUST BE SIGNED.

ALL LINES MUST BE COMPLETED

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 28,722.94
2. AMOUNT OF TAXES WITHHELD \$ 287.23
* DISTRIBUTE BELOW
3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
4. BALANCE DUE AND PAID HEREWITH \$ 287.23

THIS FORM MUST BE RETURNED WITH REMITTANCE

MAKE CHECKS PAYABLE TO R.I.T.A.

MAIL TO: R.I.T.A.
P.O. BOX 6600-T
CLEVELAND, OHIO 44101

*** DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD**
BASED ON CITY WHERE WORK PERFORMED

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	370	HIGHLAND HTS	\$	650	PEPPER PIKE	\$
040	BAY VILLAGE		390	INDEPENDENCE		670	RICHMOND HTS	
060	BEDFORD		400	LAKEWOOD		720	SEVEN HILLS	
100	BEREA		440	LYNDHURST		750	SHAKER HTS	
130	BRECKSVILLE		460	MAPLE HTS		752	SHEFFIELD VILLAGE	
140	BROADVIEW HTS		480	MAYFIELD HTS		770	SOUTH EUCLID	
160	BROOKLYN HTS		485	MAYFIELD VILLAGE		775	STREETSBORO	
180	CHAGRIN FALLS		500	MIDDLEBURG HTS		780	STRONGSVILLE	
210	CLEVELAND HTS		520	MORELAND HILLS		800	UNIVERSITY HTS	
250	CUYAHOGA HTS		540	NEWBURGH HTS		810	VALLEY VIEW	
277	ELYRIA	287.23	550	NORTH OLMSTED		820	WALTON HILLS	
300	FAIRVIEW PARK		580	OAKWOOD		840	WESTLAKE	
320	GARFIELD HTS		590	OLMSTED FALLS		900	WOODMERE	
			600	ORANGE				

DO NOT ADD CITIES TO LIST

DUPLICATE

10/30/72
287.23

City Income Tax

- ① 28,722.94
- ② \$ 287.23
- ③ none
- ④ \$ 287.23

Elyria - 287.23

Total 287.23

Third Quarter 1972

City of Cleveland

OFFICE VOUCHER No. 423-22717 Date July 20, 1972

34-0420884

TO Obitts Chemical Co.
142 Locust St. Box 375
Elyria, Ohio 44035

Date	Explanation	Amount
	<p>Refund for municipal income tax for year ending 1971</p> <p><i>Dep. 8/9/72</i></p> <p><i>Drawn CIT</i></p>	\$40.00

Footings and Extensions Correct	APPROPRIATION DISTRIBUTION		LOCAL
		Amount	Amount
Clerk, Div. of Accounts	277	\$40.00	
Approved for Payment	423 F. 2760		\$40.00
Director			

REMITTANCE SLIP

OFFICE USE ONLY

P \$ _____
 I \$ _____
 T \$ _____

FEDERAL EMPLOYER
IDENTIFICATION NO.PENSION FUNDING
DATE

R.I.T.A. CITY WHERE LOCATED

STREET ADDRESS: _____
please printMAILING
ADDRESS

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

1217 VALLEY BELT ROAD

BROOKLYN HEIGHTS, OHIO 44131

(CHECK ONE) ↓

MONTHLY RETURN ☐QUARTERLY RETURN ☒

FORM 1

1972

★ CHANGES OF NAME, ADDRESS OR CITY OF BUSINESS MUST
BE RECORDED ON INSTRUCTION SHEET AND RETURNED. ☐

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ 28,672.73
 2. AMOUNT OF TAXES WITHHELD \$ 286.69
 3. ADJUSTMENTS FOR PREVIOUS MONTHS OF CALENDAR YEAR (EXPLAIN ON BACK OF FORM) \$ _____
 4. BALANCE DUE AND PAID HEREWITH \$ 286.69

THIS FORM MUST BE RETURNED WITH REMITTANCE

SIGNATURE

Vice President July 10, 1972

MAKE CHECKS PAYABLE TO R.I.T.A.

paid 7/24/72
ck. # 8874

DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	370	HIGHLAND HTS	\$	650	PEPPER PIKE	\$
040	BAY VILLAGE		390	INDEPENDENCE		670	RICHMOND HTS	
060	BEDFORD		400	LAKEWOOD		720	SEVEN HILLS	
090	BENTLEYVILLE		440	LYNDHURST		750	SHAKER HTS	
100	BEREA		460	MAPLE HTS		752	SHEFFIELD VILLAGE	
130	BRECKSVILLE		480	MAYFIELD HTS		770	SOUTH EUCLID	
140	BROADVIEW HTS		485	MAYFIELD VILLAGE		775	STREETSBORO	
160	BROOKLYN HTS		500	MIDDLEBURG HTS		780	STRONGSVILLE	
180	CHAGRIN FALLS		520	MORELAND HILLS		800	UNIVERSITY HTS	
210	CLEVELAND HTS		540	NEWBURGH HTS		810	VALLEY VIEW	
250	CUYAHOGA HTS		550	NORTH OLMSTED		820	WALTON HILLS	
277	ELYRIA	286.69	580	OAKWOOD		840	WESTLAKI	
300	FAIRVIEW PARK		590	OLMSTED FALLS		900	WOODMEFE	
320	GARFIELD HTS		600	ORANGE				

DUPLICATE

TOTAL (INSERT ON LINE 2 ABOVE) \$ 286.69

1.
2.
3.

~~100000~~

April
May
June

8,713.34
7,932.44
12,026.95
28,672.73

87.14
79.29
120.26
286.69

CITY OF CLEVELAND
MUNICIPAL INCOME TAX DIVISION
CENTRAL COLLECTION AGENCY

1701 LAKESIDE AVENUE • CLEVELAND, OHIO 44114 • PHONE: 216/694-2070

July 7, 1972

LOUIS V. CORSI
ADMINISTRATOR

IN REPLY REFER TO:

Obitts Chemical Company
142 Locust St. Box 375
Elyria, Ohio 44035

Identification No. 34 0420884

Period Ended 12-31-69-70-71

Dear Taxpayer:

A review has been made of your Municipal Income Tax Return for the period shown above.

In order to complete our review it will be necessary for you to submit the information checked on the reverse side of this letter.

If you have any questions regarding this matter contact this office immediately, otherwise, please submit the requested information within ten (10) days.

Your cooperation is appreciated.

Very truly yours,

K. Dever

K. Dever
Tax Auditor

:eb

*Information checked on reverse side supplied
7-13-72 Haly*

MEMBERS

Aurora
Bay Village
Beachwood
Bedford
Bentleyville
Berea
Bratenahl
Brecksville
Broadview Hts.
Brooklyn Hts.
Chagrin Falls
Chardon
Cleveland
Cleveland Hts.
Cuyahoga Hts.
East Cleveland
Eastlake
Elyria
Euclid
Fairview Park
Garfield Hts.
Gates Mills
Highland Hts.
Hunting Valley
Independence
Kirtland
Lakewood
Linndale
Lyndhurst
Maple Hts.
Mayfield Hts.
Mayfield Village
Mentor
Mentor-on-the-Lake
Middlefield
Middleburg Hts.
Moreland Hills
Newburgh Hts.
Northfield
North Olmsted
North Randall
Oakwood
Olmsted Falls
Orange
Pepper Pike
Richmond Hts.
Seven Hills
Shaker Hts.
Sheffield Village
South Euclid
South Russell
Streetsboro
Strongsville
Timberlake
University Hts.
Valley View
Walton Hills
Warrensville Hts.
Westlake

Wickliffe
Wiloughby
Wiloughby Hills
Willowick
Woodmere

FEDERAL SCHEDULES	LETTERS FROM EMPLOYER VERIFYING	ADDITIONAL INFORMATION
<ul style="list-style-type: none"> () SCHEDULE C - 1040 () SCHEDULE E - 1040 () 1120 (✓) 1120 - SCHEDULE A Cost of Goods Sold 1969 - 1970 - 1971 () 1120 - SCHEDULE D Capital Gains () 1065 () 1065 - SCHEDULE K Partner's share of income () W-2 - Wage and Tax Statement () 2106 - Business Expense () Form 1099 () Schedule of Other Business Expenses 	<ul style="list-style-type: none"> () Tax withheld incorrectly and an explanation () Distribution of taxes withheld () Business expenses claimed are necessary and not reimbursed () Dates of employment during 19____ () Percentage of time claimed as employed in non-taxing areas 	<ul style="list-style-type: none"> () Copy of Birth Certificate () Exact city of Employment () Social Security Numbers () Employer Federal Identification Number () Copies of cancelled checks or receipts substantiating estimated credit claimed in the amount of \$_____. () Names, Addresses, Social Security Numbers and amounts paid to persons on _____ basis. () Complete copy of 19____ Municipal Tax Return () Persons rental expense paid to () Complete enclosed forms and return original () Complete Form 120-19

OFFICE USE ONLY

P \$ _____
 I \$ _____
 T \$ _____

EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

REGIONAL INCOME TAX AGENCY

1217 VALLEY BELT ROAD

BROOKLYN HEIGHTS, OHIO 44131

(CHECK ONE)

FORM 11

FEDERAL EMPLOYER
IDENTIFICATION NO.PERIOD ENDING
DATEMONTHLY RETURN ☐QUARTERLY RETURN ☒

1972

R.I.T.A. CITY WHERE LOCATED

STREET ADDRESS

please print

1. TOTAL WAGES SUBJECT TO
WITHHOLDING TAX \$ 28,087.422. AMOUNT OF TAXES WITHHELD \$ 281.003. ADJUSTMENTS FOR PREVIOUS
MONTHS OF CALENDAR YEAR
(EXPLAIN ON BACK OF FORM) \$ _____4. BALANCE DUE AND PAID HEREWITH \$ 281.00

THIS FORM MUST BE RETURNED WITH REMITTANCE

★ CHANGES OF NAME, ADDRESS OR CITY OF BUSINESS MUST
BE RECORDED ON INSTRUCTION SHEET AND RETURNED.

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

SIGNATURE

TITLE

DATE

Vice-President 4-10-72

MAKE CHECKS PAYABLE TO R.I.T.A.

DISTRIBUTION OF EMPLOYER'S MUNICIPAL TAXES WITHHELD

CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT	CODE	MUNICIPALITY	AMOUNT
010	AURORA	\$	370	HIGHLAND HTS	\$	650	PEPPER PIKE	\$
040	BAY VILLAGE		390	INDEPENDENCE		670	RICHMOND HTS	
060	BEDFORD		400	LAKEWOOD		720	SEVEN HILLS	
090	BENTLEYVILLE		440	LYNDHURST		760	SHAKER HTS	
100	BEREA		460	MAPLE HTS		752	SHEFFIELD VILLAGE	
130	BRECKSVILLE		480	MAYFIELD HTS		770	SOUTH EUCLID	
140	BROADVIEW HTS		485	MAYFIELD VILLAGE		775	STRETSBORO	
160	BROOKLYN HTS		500	MIDDLEBURG HTS		780	STRONGSVILLE	
180	CHAGRIN FALLS		520	MORELAND HILLS		800	UNIVERSITY HTS	
210	CLEVELAND HTS		540	NEWBURGH HTS		810	VALLEY VIEW	
250	CUYAHOGA HTS		550	NORTH OLMSTED		820	WALTON HILLS	
277	ELYRIA	281.00	580	OAKWOOD		840	WESTLAKE	
300	FAIRVIEW PARK		590	OLMSTED FALLS		900	WOODMERE	
320	GARFIELD HTS		600	ORANGE				

DUPLICATE

Pd. 4-24-72
#8641

ALL MUNICIPALITIES LISTED ABOVE HAVE A 1% MUNICIPAL
INCOME TAX RATE, WITH THE EXCEPTION OF CUYAHOGA HEIGHTS
WHOSE TAX RATE IS 1/2%.

TOTAL (INSERT ON
LINE 2 ABOVE) \$

281.00

INSTRUCTIONS FOR FILING ATTACHED RETURN

Make check for \$ None required
Payable to:

☐ Internal Revenue Service
☐ Treasurer, _____ County
☐ Bureau Of Employment Services
☐ Treasurer, State of Ohio
☐ Central Collection Agency
☐ Other

Refund Due Of \$ _____

Mail to:

☐ Internal Revenue Service
☐ Cincinnati, Ohio 45298
☐ Enclosed envelope
☐ Auditor, _____ County
☒ Central Collection Agency
1701 Lakeside, Cleveland, Ohio 44114
☐ Other

In payment of:

☐ F.I.C.A. & Withholding Tax
☐ Federal Income Tax
☐ Federal Estimated Income Tax
☐ Federal-State-Unemployment Tax
☐ Deposit Unemployment Tax
☐ Deposit Withheld Taxes
☐ Workmen's Compensation Insurance
☐ Sales Tax
☐ Personal Property-Business-Personal
☐ Franchise Tax & Security Valuation
☒ ~~City-State~~ Income Tax
☐ City-State-Estimated Income Tax
☐ Other

Be sure report is dated and signed by:

J. P. Woltz
~~Deposit or~~ Mail before 4-30-72

☒ Copy enclosed for your records

IMPORTANT: To avoid penalty charges sign and mail report on or before due date even though you do not send the money.

Mailed 2-17-72

ANNUAL
RETURNFORM
CCA 120-17

NET PROFITS TAX RETURN

FROM BUSINESS, PROFESSION OR OTHER ACTIVITY CONDUCTED
BY INDIVIDUALS, PARTNERSHIPS, ESTATES OR TRUSTS, AND
CORPORATION FOR CALENDAR YEAR 1971

1971

OR FISCAL YEAR BEGINNING _____ 1970 AND ENDING _____ 1971
(THIS RETURN MUST BE FILED EVEN THOUGH FINAL COMPUTATION RESULTS IN NET LOSS)NAME Obitts Chemical Company FEDERAL IDENT. NO. 34-0420884
TRADE NAME _____ SOCIAL SECURITY NO. _____
MAILING ADDRESS _____
If individual owner, home address _____
LOCAL BUSINESS ADDRESS 142 Locust St-Box 375 CITY AND ZIP CODE _____
CITY AND ZIP CODE Elyria, Ohio 44035 NATURE OF BUSINESS Reclamation of solvents(COMPLETE APPROPRIATE SCHEDULE AND ENTER ONLY ACTUAL
FIGURES HERE)

TAXABLE PROFITS FROM:

1. TAXABLE WAGES FROM (SCHEDULE G)	\$	
2. PARTNERSHIPS AND ASSOCIATIONS (SCHEDULE A)	\$	
3. RENTS (SCHEDULE B)	\$	
4. BUSINESS OR PROFESSION (SCHEDULE C)	LOSS	\$ (17310.92)
5. INCOME FROM ALL OTHER SOURCES (SCHEDULE E)	\$	
6. TOTAL TAXABLE INCOME	LOSS	\$ (17310.92)

TAX DUE AND CREDITS

7. TAX DUE SEE (INSTRUCTIONS)	\$	None
8. CREDITS:		
(A) CREDIT ALLOWABLE FROM PREVIOUS YEAR	\$	
(B) PAYMENTS ON 1971 ESTIMATED TAX	\$	40.00
(C) IF AMENDED RETURN, TAX PAID ON PRIOR RETURN	\$	
(D) TAX WITHHELD FROM (SCHEDULE G)	\$	
(E) TOTAL CREDITS ALLOWABLE	\$	40.00
9. TOTAL DUE AND PAID WITH THIS RETURN (LINE 7 LESS LINE 8 (E))	\$	

10. OVERPAYMENT CLAIMED (IF LINE 8 (E) EXCEEDS LINE 7,
ENTER DIFFERENCE HERE) \$ 40.00

11. ENTER AMOUNT OF LINE 10 YOU WANT CREDITED TO 1971 TAX: \$

12. ENTER AMOUNT OF OF LINE 10 YOU WANT REFUNDED: \$ 40.00

QUESTIONS

(Answer fully—use extra sheet if necessary)

1. Please check all applicable blocks:
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Individual Owner |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Partnership |
| | <input checked="" type="checkbox"/> Corporation |
| | <input type="checkbox"/> Estate or Trust |
2. Date business started
or trust created: 1941
3. If you filed a Return for a prior year,
what was the latest year? _____

4. Were any of your prior years' Federal Income Tax Returns
examined and/or changed during 1971? ☐ Not Examined☐ Changed ☐ Examined but Unchanged
You are required to inform this office within 30 days of
any change in your U.S. Tax Return affecting profits,
earnings or expenses.5. Did you have any employees between January 1, 1971 and
December 31, 1971? ☐ Yes ☐ No6. On which basis are your records kept? ☐ Cash ☐ Accrual
☐ Cash and Accrual Combination ☐ Completed Contract
☐ Other (explain) _____IF BUSINESS TERMINATED COMPLETE
THIS BLOCK

IF YOU TERMINATED YOUR BUSINESS

GIVE EXACT DATE _____

IF YOU SOLD YOUR BUSINESS (OR ASSETS
UPON LIQUIDATION) WRITE PURCHASER'S

NAME _____

ADDRESS _____

IF BUSINESS ENTITY CHANGED DURING
PAST YEAR, MARK APPROPRIATE
BLOCKS.FROM: ☐ Individual ☐ Partnership ☐ Corp.TO: ☐ Individual ☐ Partnership ☐ Corp.I HEREBY CERTIFY UNDER THE PENALTIES PROVIDED BY LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN ANY SUPPORTING SCHEDULE
ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Harry Woltz, CPA

FEB 15 1972

SIGNATURE OF PERSON PREPARING RETURN IF NOT TAXPAYER

DATE

SIGNATURE OF TAXPAYER

DATE

THIS RETURN MUST BE FILED AND TAX PAID IN FULL ON OR BEFORE APRIL 30, 1972 (OR WITHIN
120 DAYS FROM CLOSE OF YOUR FISCAL, IF FISCAL YEAR IS DIFFERENT FROM THE CALENDAR YEAR)MAKE CHECK OR MONEY ORDER PAYABLE TO: CENTRAL COLLECTION AGENCY. MAIL TO DIVISION
OF TAXATION, 1701 LAKESIDE AVENUE, CLEVELAND, OHIO 44114.

[illegible]

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN
IF USED – FEDERAL RETURN MUST BE ATTACHED – NOT TO BE COMPLETED BY SELF EMPLOYED

ITEMS NOT DEDUCTIBLE**ADD**

1. CAPITAL LOSSES (FROM FED SCH. D) _____	\$ _____
2. EXPENSES INCURRED IN THE PRODUCTIONS OF NON-TAXABLE INCOME (ABSENCE OF AC- TUAL RECORDS-EXPENSES EQUAL TO 5% OF NON-TAXABLE INCOME) _____	\$ _____
3. ALL INCOME TAXES PAID OR ACCRUED _____	\$ _____
4. PAYMENTS TO PARTNERS _____	\$ _____
5. NET OPERATING LOSS (PER FED RETURN) _____	\$ _____
6. OTHER: (EXPLAIN) _____	\$ _____
7. TOTAL OF LINES 1 THRU 6 _____	\$ _____

ITEMS NOT TAXABLE**DEDUCT**

8. CAPITAL GAINS PER FED SCH. D _____	\$ _____
9. INTEREST EARNED OR ACCRUED _____	\$ _____
10. DIVIDENDS (LESS FED. EXCLUSION) _____	\$ _____
11. INCOME FROM PATENTS AND COPY RIGHTS _____	\$ _____
12. OTHER (EXPLAIN) _____	\$ _____
13. A. TOTAL OF LINES 8 THRU 12 _____	\$ _____
B. AMOUNT FROM LINE 7 _____	\$ _____
14. DIFFERENCE BETWEEN LINE 13 A AND 13 B ENTERED HERE AND ON PAGE 2, LINE 22) _____	\$ _____

INCOME FROM PARTNERSHIPS AND ASSOCIATIONS (PARTNERSHIPS & ASSOCIATIONS)
LOCATED IN CENTRAL COLLECTION COMMUNITIES, MUST FILE AS ONE ENTITY.

SCHEDULE A

Name, Address and Fed. Ident. No. of Partnership, Associations, etc.	Column 1 Your share of Partnership, etc. Profits	Column 2 Amount on which City Tax was paid	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
LINE 27. TOTAL ON WHICH CITY TAX IS DUE (COLUMN 1 LESS COLUMN 2) (ENTER HERE AND ON PAGE 1, LINE 2) _____			\$ _____

**INCOME FROM RENTS – IF MORE THAN ONE PROPERTY INVOLVED – GIVE COMPLETE BREAKDOWN
AND ADDRESS OF EACH – JOINTLY OWNED PROPERTY MUST FILE AS ONE ENTITY.**

SCHEDULE B

1. Location of property	2. Amount of Rent	3. Depreciation or depletion (explain in Schedule B-1)	4. Repairs (explain in Schedule B-2)	5. Other Expenses (Itemize in Schedule B-2)	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
LINE 28. A. NET PROFIT (COLUMN 2 LESS SUM OF COLS. 3, 4, & 5) _____					\$ _____
B. RENTAL LOSS PRIOR YEARS					
1967 _____ 1969 _____					\$ _____
1968 _____ 1970 _____					
(IF PROPERTIES ARE LOCATED IN MORE THAN ONE COMMUNITY—SHOW BREAKDOWN BY COMMUNITY)					
C. NET PROFIT FROM RENTS AFTER LOSS ADJUSTMENT (ENTER HERE AND ON PAGE 1, LINE 3) _____					\$ _____

SCHEDULE B-1 EXPLANATION OF DEDUCTIONS FOR DEPRECIATION OR DEPLETION CLAIMED IN SCHEDULE B

1. Kind of property (if buildings, state material of which constructed). Exclude land and other depreciable property.	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
_____	_____	\$ _____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SCHEDULE B-2 EXPLANATION OF DEDUCTIONS FOR REPAIRS AND OTHER EXPENSES CLAIMED IN SCHEDULE B

Column Number	EXPLANATION	AMOUNT	Column Number	EXPLANATION	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SCHEDULE E**TAXABLE INCOME FROM ALL OTHER SOURCES (Attach Explanation)**

LINE 29. A. ESTATES AND TRUSTS _____ B. PREVIOUS BAD DEBTS COLLECTED _____ C. OTHER _____ D. TOTAL TAXABLE INCOME (ENTER HERE AND ON PAGE 1, LINE 5) _____	\$ _____ _____ _____ _____	_____ _____ _____ _____
---	-------------------------------------	----------------------------------

SCHEDULE G

INCOME FROM WAGES, SALARIES, COMMISSIONS AND DIRECTORS FEES

A. Name of Employer—Address	B. City Where Earned	C. Income	D. Tax Withheld
LINE 30. TOTAL TAX WITHHELD COLUMN D—W2 OR FORM 1099 MUST BE ATTACHED FOR EACH EMPLOYER LISTED (ENTER HERE AND ON PAGE 1, LINE 8D)			
LINE 31. A. TOTAL INCOME (COLUMN C)			
B. LESS DEDUCTIBLE EXPENSES ALLOWABLE (ATTACH FORM CCA 120-15 OR FEDERAL 2106)			
C. TAXABLE INCOME (LINE 31A LESS 31B) ENTER HERE AND ON PAGE 1, LINE 1			

SCHEDULE H

DISTRIBUTION OF PROFITS FROM PARTNERSHIPS, ASSOCIATIONS, ETC.

(If more space is required, attach schedule)

[illegible]

Form **1120**Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**

For calendar year 1971 or other taxable year beginning

19711971, ending
(PLEASE TYPE OR PRINT)

Check No.

A Consolidated return ☐B Personal Holding Co. ☐

C Apportioned to shareholders (See page 7 of instructions.)

Name

Name

City

WK 34-0420884 FOR DEC 31 1971 F034
OBITTS CHEMICAL CO
142 LOCUST ST PO BOX 375
ELYRIA OH 44035

D Employer Identification

No. 34-0420884

E Office in which located

Lorain

F Enter total assets from
line 14, column (D),
Schedule L (See instruc-
tion R)

\$ 116778.19

IMPORTANT—Fill in all applicable lines and schedules. If the lines on the schedules are not sufficient, see instruction N.**GROSS INCOME**

1	Gross receipts or sales	Less: Returns and allowances	1	238760.93
2	Less: Cost of goods sold (Schedule A) and/or operations (attach schedule)		2	200753.85
3	Gross profit		3	38007.08
4	Dividends (Schedule C)		4	
5	Interest on obligations of the United States and U.S. instrumentalities		5	
6	Other interest		6	
7	Gross rents		7	
8	Gross royalties		8	
9(a)	Net capital gains—(separate Schedule D)		9(a)	
9(b)	Ordinary gain or (loss) from Part II, Form 4797 (attach Form 4797)		9(b)	
10	Other income (see instructions—attach schedule)		10	
11	TOTAL income—Add lines 3 through 10		11	38007.08

DEDUCTIONS

12	Compensation of officers (Schedule E)	12	22975.75
13	Salaries and wages (not deducted elsewhere)	13	
14	Repairs (see instructions)	14	4022.54
15	Bad debts (Schedule F if reserve method is used)	15	
16	Rents	16	5100.00
17	Taxes (attach schedule)	17	7184.10
18	Interest	18	2269.53
19	Contributions (not over 5% of line 28 adjusted per instructions—attach schedule)	19	
20	Amortization (attach schedule)	20	
21	Depreciation (Schedule A)	21	13766.93
22	Depletion	22	
23	Advertising	23	
24	Pension, profit-sharing, etc. plans (see instructions)	24	
25	Employee benefit programs (see instructions)	25	
26	Other deductions (attach schedule)	26	
27	TOTAL deductions—Add lines 12 through 26	27	55318.00
28	Taxable income before net operating loss deduction and special deductions (line 11 less line 27)	28	(17310.92)
29(a)	Less: (a) Net operating loss deduction (see instructions—attach schedule)	29(a)	
29(b)	(b) Special deductions (Schedule I)	29(b)	
30	Taxable income (line 28 less line 29)	30	(17310.92)

TAX

31	TOTAL TAX (Schedule J)	31	209.14
32	Credits: (a) Overpayment from 1970 allowed as a credit		
	(b) 1971 estimated tax payments		
	(c) Less refund of 1971 estimated tax applied for on Form 4486		
	(d) Tax deposited with Form 704 (attach copy)		
	(e) Tax deposited with Form 705 (attach copy)		
	(f) Credit from regulated investment companies (attach Form 2439)		
	(g) U.S. tax on special fuels, nonhighway gas and lubricating oil (attach Form 4136)		
33	TAX DUE (line 31 less line 32). See instruction G for depositary method of payment	33	209.14
34	OVERPAYMENT (line 32 less line 31)	34	
35	Enter amount of line 34 you want: Credited to 1972 estimated tax	35	
	Refunded		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

The Internal Revenue Service does not require a seal on this form, but if one is used, please place it here.

Date

Signature of officer

Title

FEB 15 1972

Signature of individual or firm preparing the return

CPA

HARRY J. P. WOLTZ

CERTIFIED PUBLIC ACCOUNTANT
ELYRIA SAVINGS & TRUST BLDG.
ELYRIA, OHIO 44035

Tax Administrator's
Information Release No. 1

- *Regional*
- *Income*
- *Tax*
- *Agency*

JOHN R. URBAN
Administrator

Subsequent to the "Preliminary Information to Employers and Those Paying Taxes on Net Profits" pamphlet sent out by the Regional Income Tax Agency, numerous phone calls were received. To provide additional clarification, a recapitulation of these questions and the appropriate answers are included in this bulletin:

1. **Question:** Where should the withholding be sent of municipal tax withheld from an employee's wages earned in December, 1971, but paid on or after January 1, 1972?

Answer: As the wage was paid in 1972 and the municipal tax was withheld at this time (and will be reflected on the employee's 1972 Federal W-2 Form), this withholding should be sent to the agency of the municipality for which the tax was withheld. In the case of R.I.T.A. member municipalities, this withholding will be sent to the Regional Income Tax Agency, P. O. Box 6600, Cleveland, Ohio 44101.

2. **Question:** When are municipal income taxes withheld by an employer due and payable?

Answer: Effective January 1, 1972, the ordinances of R.I.T.A. member municipalities require that on or before the last day of each month, the taxes withheld in the previous month **be paid and a return filed** with the Regional Income Tax Agency. However, if the amount deducted in any one month for a municipality is less than \$100.00, the employer may defer the filing of a return and payment of the amount deducted until the last day of the month following the end of the calendar quarter.

3. **Question:** Have any R.I.T.A. member municipalities increased their rate of municipal tax?

Answer: No, all R.I.T.A. member municipalities have retained a tax rate of 1% except Cuyahoga Heights which has retained a tax rate of $\frac{1}{2}$ of 1%. However, many R.I.T.A. member municipalities apply a reduced tax credit to the taxable income of a resident so that an individual is taxed both where he works and where he lives (additional local residence tax).

4. **Question:** Will employers be required to withhold from employees the **reduced tax credit** also known as the **additional local residence tax**?

Answer: No, the responsibility of paying the reduced tax credit (additional local residence tax) falls on the employee and not the employer. The employer shall only be required to withhold the tax rate of the municipality where the work was performed. (See also question 6).

5. **Question:** To what municipality shall the employer allocate the municipal tax withheld from compensation paid an employee?

Answer: The withheld municipal tax shall be allocated to the municipality where the work was performed by the employee. In case of municipal tax due R.I.T.A. municipalities, this withheld tax will be sent to the Regional Income Tax Agency. (See also question 6)

Example: Any employee working in a R.I.T.A. municipality shall be withheld on his gross compensation at that municipality's tax rate and all of this withholding will be sent to R.I.T.A. for allocation to that municipality.

6. **Question:** If an employee works either all or part of his time in a non-taxing municipality (a municipality without an income tax ordinance), should the employer withhold municipal tax from compensation paid the employee while he is working in the non-taxing municipality?

Answer: To answer this question, it is important to know if this employer is doing business in the employee's city of residence.

- a) If the employer **is not** doing business in the employee's city of residence, the employer **is not** required to withhold municipal tax on any compensation earned by an employee in the non-taxing municipality.
- b) However, if the employer **is** doing business in the employee's city of residence, the employer shall be required to withhold on compensation earned in the non-taxing municipality and allocate this portion of withholding earned in the non-taxing municipality to the employee's city of residence.

Example: a) If a Berea employer employs a Shaker Heights resident and this employer **is not** doing business in Shaker Heights, the employer would not withhold on any compensation earned by the Shaker Heights employee for work performed in Medina (a non-taxing municipality).

Example: b) However, if a Berea employer employs a Shaker Heights resident and this employer **is** doing business in Shaker Heights, the employer will withhold on all compensation earned by the Shaker Heights resident. He will allocate this withholding first to the municipality where the work was performed provided that municipality has a municipal income tax. If the municipality where the work was performed by the Shaker Heights employee does not have a municipal income tax, the employer shall allocate the withholding to the city of residence, namely, Shaker Heights.

7. **Question:** What if an employer has employees working in more than one municipality and these municipalities are not all R.I.T.A. members, where should the withholding be sent?

Answer: a) The municipal tax due from compensation earned by an employee in any one of the 41 R.I.T.A. municipalities shall be sent to the Regional Income Tax Agency.

b) The municipal tax due from compensation earned by an employee in any one of the Central Collection Agency municipalities shall be sent to the Central Collection Agency.

c) The municipal tax due from compensation earned by an employee in any taxing municipality other than those belonging to R.I.T.A. or C.C.A. should be sent directly to that municipality.

For your convenience, a list of the R.I.T.A., C.C.A. and independent municipalities in the proximity of Cleveland are included at the end of this pamphlet.

8. **Question:** In the case where employees are moving about constantly, municipality to municipality, where shall the employer allocate the withholding?

Answer: In the case of this type of activity by the employee, the employer should present a formula for allocating this withholding to the Administrator for approval. However, the employer shall be responsible for any material error in allocation.

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MUNICIPALITIES BELONGING TO THE REGIONAL INCOME TAX AGENCY

- | | | |
|-----------------------|------------------------|------------------------|
| 1. Aurora | 15. Highland Heights | 29. Pepper Pike |
| 2. Bay Village | 16. Independence | 30. Richmond Heights |
| 3. Bedford | 17. Lakewood | 31. Seven Hills |
| 4. Bentleyville | 18. Lyndhurst | 32. Shaker Heights |
| 5. Berea | 19. Maple Heights | 33. Sheffield |
| 6. Brecksville | 20. Mayfield Heights | 34. South Euclid |
| 7. Broadview Heights | 21. Mayfield | 35. Streetsboro |
| 8. Brooklyn Heights | 22. Middleburg Heights | 36. Strongsville |
| 9. Chagrin Falls | 23. Moreland Hills | 37. University Heights |
| 10. Cleveland Heights | 24. Newburgh Heights | 38. Valley View |
| 11. Cuyahoga Heights | 25. North Olmsted | 39. Walton Hills |
| 12. Elyria | 26. Oakwood | 40. Westlake |
| 13. Fairview Park | 27. Olmsted Falls | 41. Woodmere |
| 14. Garfield Heights | 28. Orange | |

C.C.A. MEMBER MUNICIPALITIES

- | | | |
|-------------------|------------------------|--------------------------|
| 1. Bratenahl | 9. Hunting Valley | 17. South Russell |
| 2. Burton | 10. Kirtland | 18. Timberlake |
| 3. Chardon | 11. Linndale | 19. Warrensville Heights |
| 4. Cleveland | 12. Mentor | 20. Wickliffe |
| 5. East Cleveland | 13. Mentor on the Lake | 21. Willoughby |
| 6. Eastlake | 14. Middlefield | 22. Willoughby Hills |
| 7. Euclid | 15. Northfield | 23. Willowick |
| 8. Gates Mills | 16. North Randall | |

INDEPENDENT MUNICIPALITIES

- | | | |
|--------------------|---------------------|--------------------|
| 1. Avon | 7. Fairlawn | 13. Richfield |
| 2. Avon Lake | 8. Lorain | 14. Rocky River |
| 3. Bedford Heights | 9. North Ridgeville | 15. Sheffield Lake |
| 4. Brooklyn | 10. North Royalton | 16. Solon |
| 5. Brook Park | 11. Parma | 17. Twinsburg |
| 6. Brunswick | 12. Parma Heights | 18. Vermilion |

Preliminary Information To Employers And Those Paying Taxes On Net Profits

- *Regional*
- *Income*
- *Tax*
- *Agency*

JOHN R. URBAN
Administrator

On June 11, 1971, the Regional Income Tax Agency (R.I.T.A.) was formed for the purpose of collecting City Income Tax for certain municipalities. On the last page of this information report is a list of 41 municipalities participating in the agency. Most of the actual changes affecting you will take place on January 1, 1972, and this letter is to provide you with preliminary information so that you may make necessary adjustments in your accounting and withholding procedures.

As the 41 municipalities which now constitute R.I.T.A. have been and will be members of the Central Collection Agency (C.C.A.) through December 31, 1971, the following procedures should be followed:

For All 1971 Taxes Due:

1. **Taxes Withheld** on all payrolls through December 31, 1971, together with the final report of withholding on form CCA-120-11 (CCA-W3) due to the municipalities listed on the last page shall be reported and paid to C.C.A.
2. **Net Profits** of calendar year taxpayers for the year 1971 shall be reported on the appropriate C.C.A. forms and the tax paid to C.C.A.
3. **Net Profits** of fiscal year taxpayers whose year started before January 1, 1972, will continue to report on returns and make payments to C.C.A. for that fiscal year which ends prior to December 31, 1972, and subsequently instructions in paragraph four apply.

For All 1972 Taxes Due:

4. **Net Profits** of calendar year taxpayers for year 1972, and for fiscal year taxpayers whose year begins on or after January 1, 1972, due to the municipalities listed on the last page shall be paid to R.I.T.A. as well as the quarterly estimate of those net profits.
5. **Taxes Withheld** from employee's payroll commencing January 1, 1972, and thereafter, due to the municipalities listed on the last page shall be filed with R.I.T.A. (See Comments below.)

The tax ordinances of the communities listed on the last page require compliance with the above numbered paragraphs. Effective January 1, 1972, these same ordinances require that on or before the last day of each month the taxes withheld in the previous month be paid and a return filed with R.I.T.A. However, if the amount deducted in any one month for a municipality is less than \$100.00,

the employer may defer the filing of a return and payment of the amount deducted until the last day of the month following the end of the calendar quarter in which such month occurred.

Withholding after January 1, 1972, is designed to be simpler. Generally, taxes are to be withheld based upon the tax levied by the municipality or municipalities where the employee works and there is no requirement to make any allowance for reciprocity to the community where the employee resides. For example, under the old reciprocity allocation method of filing, if you withheld \$100.00 for an employee living in Cleveland and working in Shaker Heights, \$75.00 was allocated to Shaker Heights and \$25.00 was allocated to Cleveland. Under the new procedure, the entire \$100.00 will be allocated to the workplace, Shaker Heights.

There is an exception to the above rule which requires withholding in certain instances based upon the tax of an employee's residence community. For example, where a Berea resident earns \$10,000, and works in a **non-taxing community** and his employer is doing business in Berea, a member of R.I.T.A., the employer would withhold \$100.00 and allocate the entire \$100.00 to Berea.

Please bear in mind that the municipalities participating in R.I.T.A. will continue to negotiate for a single metropolitan-wide agency for the convenience of all taxpayers. In the meantime, compliance with the requirements of the members of R.I.T.A. does not relieve you of the responsibility for filing and making payments to the Central Collection Agency or other non-central municipalities whenever you have withholding taxes or net profits due to the other municipalities.

We will send you additional information as it develops. We will do our best to answer your inquiries at the telephone number listed below, and we expect to provide you with new R.I.T.A. withholding tax forms and instructions around December 20, 1971.

Payments and returns required to be filed with C.C.A. should be sent to:

DIVISION OF TAXATION	Telephone Number
1701 LAKESIDE AVENUE, N. E.	694-2070
CLEVELAND, OHIO 44114	

Payments and returns required to be filed with R.I.T.A. should be sent to:

R. I. T. A.	Telephone Number
P. O. BOX 6600	398-2730
CLEVELAND, OHIO 44101	

MUNICIPALITIES BELONGING TO THE REGIONAL INCOME TAX AGENCY

Municipality

CITY OF AURORA
CITY OF BAY VILLAGE
CITY OF BEDFORD
VILLAGE OF BENTLEYVILLE
CITY OF BERA
CITY OF BRECKSVILLE
CITY OF BROADVIEW HEIGHTS
CITY OF BROOKLYN HEIGHTS
VILLAGE OF CHAGRIN FALLS
CITY OF CLEVELAND HEIGHTS
VILLAGE OF CUYAHOGA HEIGHTS
CITY OF ELYRIA
CITY OF FAIRVIEW PARK
CITY OF GARFIELD HEIGHTS
VILLAGE OF HIGHLAND HEIGHTS
CITY OF INDEPENDENCE
CITY OF LAKEWOOD
CITY OF LYNDHURST
CITY OF MAPLE HEIGHTS
CITY OF MAYFIELD HEIGHTS

Municipality

VILLAGE OF MAYFIELD HEIGHTS
CITY OF MIDDLEBURG HEIGHTS
VILLAGE OF MORELAND HILLS
VILLAGE OF NEWBURG HEIGHTS
CITY OF NORTH OLMSTED
VILLAGE OF OAKWOOD
VILLAGE OF OLMSTED FALLS
VILLAGE OF ORANGE
VILLAGE OF PEPPER PIKE
CITY OF RICHMOND HEIGHTS
CITY OF SEVEN HILLS
CITY OF SHAKER HEIGHTS
VILLAGE OF SHEFFIELD
CITY OF SOUTH EUCLID
CITY OF STREETSBORO
CITY OF STRONGSVILLE
CITY OF UNIVERSITY HEIGHTS
VILLAGE OF VALLEY VIEW
VILLAGE OF WALTON HILLS
CITY OF WESTLAKE
VILLAGE OF WOODMERE

CENTRAL COLLECTION AGENCY

IMPORTANT NOTICE

WITHHOLDING MUNICIPAL INCOME TAXES

GOVERNMENTAL EMPLOYERS:

House Bill 108 requires the State of Ohio and its political subdivisions (County, School Boards, Libraries, etc.) to withhold municipal income taxes from wages of public employees.

This bill eliminates the requirement of securing the employees authorization in order to withhold city tax and therefore places these employers in the same category as private industry.

The effective date of the law is December 27, 1971, and thereafter, local municipal taxes must be withheld from the wages earned in a taxing municipality.

Further information concerning this change in the law can be secured from State Director of Finance, Columbus, Ohio, as well as from the Collection Agencies specified below.

CANCELLING RECIPROCITY:

Effective January 1, 1972, the taxing municipalities listed on the 4th quarter return for 1971, have cancelled reciprocity. The possible exception to this is the City of Elyria. Further information can be secured from officials of that City concerning this matter.

The effect of reciprocity means that no longer will you as an employer, be required to allocate 75% of the tax withheld to the community of employment and the balance of 25% to the resident community of the employees. All taxes withheld beginning with January 1, 1972, will be held and reported to the community of employment. Further information concerning the reporting method will be forwarded to you by the Collection Agency that the municipalities have contracted to be a member of.

COLLECTION AGENCIES:

Effective January 1, 1972, a number of municipalities presently members of the Central Collection Agency, will become members of a new collection agency -- "Regional Income Tax Agency" (RITA).

All returns pertaining to calendar year 1971, as well as fiscal years ending in 1972, are to be filed with the Central Collection Agency.

Calendar year 1972, and fiscal year taxpayers beginning in 1972, are to file with the agency that the municipalities are members of.

CENTRAL COLLECTION AGENCY

1701 Lakeside Avenue
Cleveland, Ohio 44114
Area Code 216-694-2070

Bratenahl	Euclid	Mentor	Timberlake
Chardon	Gates Mills	Mentor-on-the-Lake	Warrensville Heights
Cleveland	Hunting Valley	Northfield	Wickliffe
East Cleveland	Kirtland	Middlefield	Willoughby
Eastlake	Linndale	North Randall	Willoughby Hills
		South Russell	Willowick

R. I. T. A.

P. O. Box 6600
Cleveland, Ohio 44101
Area Code 216-398-2730

Aurora	Garfield Heights	Orange
Bay Village	Highland Heights	Pepper Pike
Bedford	Independence	Richmond Heights
Bentleyville	Lakewood	Seven Hills
Berea	Lyndhurst	Shaker Heights
Brecksville	Maple Heights	Sheffield Village
Broadview Heights	Mayfield Heights	South Euclid
Brooklyn Heights	Mayfield Village	Streetsboro
Chagrin Falls	Middleburg Heights	Stongsville
Cleveland Heights	Moreland Hills	University Heights
Cuyahoga Heights	Newburg Heights	Valley View
Elyria	North Olmsted	Walton Hills
Fairview Park	Oakwood	Westlake
	Olmsted Falls	Woodmere

The City of Beachwood will collect its own tax, effective January 1, 1972.

CITY OF BEACHWOOD

Income Tax Division
25511 Fairmount Boulevard
Beachwood, Ohio 44124
Area Code 216-464-1070

Further information can be secured by calling any of the phone numbers listed above.

CENTRAL COLLECTION AGENCY

EMPLOYER'S QUARTERLY MUNICIPAL TAX RETURN

CENTRAL COLLECTION AGENCY DIVISION OF TAXATION

If "Final Return"
Indicate here

File 1-31-72
#5427

Date Quarter Ended DEC. 31, 1971	Employer ID No. 34-0420884	Date Due JAN. 31, 1972	1. Total wages subject to withholding \$ 28,758.29
Name Obitts Chemical Company			2. Amount of tax withheld \$ 287.65
Trade Name, if any			3. Adjustment for preceding quarters of calendar year (PLEASE EXPLAIN) \$ 0
Local Business Address 142 Locust St.			4. Adjusted total of tax withheld .. \$ 287.65
City and ZIP Code Elyria, Ohio 44035			5. Total of enclosed depository receipts (see other side) \$ 0
Mailing Address P.O. Box 375			6. Balance due and paid herewith (Item 4 minus Item 5) \$ 287.65
City and ZIP Code Elyria, Ohio 44035			

BE SURE TO ENCLOSE REMITTANCE AND DEPOSITARY RECEIPTS WITH THIS RETURN

MUNICIPALITY	CODE	EMPLOYMENT	RESIDENCE	MUNICIPALITY	CODE	EMPLOYMENT	RESIDENCE
1% TAX COMMUNITIES				North Olmsted	7-1-68	550	
Aurora	1-1-69	010		North Randall	7-1-68	560	
Bay Village	7-1-68	040		Oakwood	7-1-68	580	
Beachwood	7-1-68	050		Olmsted Falls	7-1-69	590	
Bedford	7-1-68	060		Orange	7-1-68	600	
Bentleyville	1-1-69	090		Pepper Pike	7-1-68	650	
Berea	7-1-68	100		Richmond Hts.	7-1-68	670	
Bratenahl	7-1-70	120		Seven Hills	7-1-68	720	
Brecksville	1-1-69	130		Shaker Hts.	7-1-68	750	
Broadview Hts.	7-1-69	140		Sheffield Vil.	7-1-68	752	
Brooklyn Hts.	10-1-68	160		South Euclid	7-1-68	770	
Chagrin Falls	7-1-68	180		South Russell	1-1-69	772	
Chardon	1-1-70	185		Streetsboro	1-1-69	775	
Cleveland	7-1-68	200		Strongsville	7-1-68	780	
Cleveland Hts.	7-1-68	210		Timberlake	10-1-68	788	
East Cleveland	7-1-68	270		University Hts.	7-1-68	800	
Eastlake	1-1-69	275		Valley View	1-1-69	810	
Elyria	8-1-69	277	215.74	Walton Hills	4-1-69	820	
Euclid	7-1-68	280	41.00	Warrensville Hts.	7-1-68	830	
Fairview Park	7-1-68	300		Westlake	7-1-68	840	
Garfield Hts.	7-1-68	320		Wickliffe	7-1-69	860	
Gates Mills	7-1-68	330		Willoughby	1-1-69	870	
Highland Hts.	7-1-68	370		Willoughby Hills	10-1-68	880	
Hunting Valley	1-1-69	380		Willowick	7-1-68	890	
Independence	1-1-69	390		Woodmere	7-1-68	900	
Kirtland	7-1-69	394		1/2% TAX COMMUNITIES			
Kirtland Hills	4-1-71	395		Cuyahoga Hts.	1-1-71	250	
Lakewood	7-1-68	400		Middlefield	4-1-69	510	
Lindale	7-1-70	420		NON CENTRAL COLLECTION TAXING COMMUNITIES			
Lyndhurst	7-1-68	440		Brooklyn	7-1-68	150	
Maple Hts.	7-1-68	460		Lorain	10-1-68	435	14.28
Mayfield Hts.	7-1-68	480		No. Royalton	7-1-68	570	
Mayfield Vill.	7-1-68	485		Parma	7-1-68	620	
Mentor	1-1-69	490		Parma Hts.	7-1-68	630	
Mentor on the Lake	1-1-69	495		Rocky River	7-1-68	700	
Middleburg Hts.	7-1-68	500		OTHER (ATTACH LIST) 999			
Moreland Hills	7-1-68	520		TOTAL - ALL LOCATIONS			16.63
Newburg Hts.	7-1-68	540					
Northfield	10-1-68	545					

*Denotes current effective date of Tax Rate.

FORM CO-1024
REVISED AUG. 1971

I have examined this return and to the best of my knowledge, it is correct.

Date Jan. 18, 1972 Signature

Title (Owner, etc.) Vice-President

Do you expect to pay Taxable Wages in the future? ☐ Yes ☐ No
If No, write "Final Return" in space provided on the front of this return.

Enter date of final payment of taxable wages 19

Requirements for Monthly Deposits -- Every employer who is liable for more than \$100.00 income tax withheld for a month, is required to deposit such taxes within 20 days after the close of such month to the Division of Taxation. Deposits for the third month of any quarter is not required as the amount due can be filed with the quarterly report.

DEPOSITARY RECEIPT RECORD

RECEIPT SERIAL NO.	DATE OF DEPOSIT	AMOUNT

This must be used by employers required to make deposits of taxes reportable on this return. Each deposit should be accompanied by a Receipt Form EM-1 which will be validated by the Division of Taxation and returned to the employer. Validated receipts should be listed here and must be enclosed with this return.

TOTAL OF ALL ENCLOSED DEPOSITARY RECEIPTS
(ENTER IN ITEM 5 ON OTHER SIDE)

GENERAL INSTRUCTIONS FOR FORM CCA-102

The instructions below relate to the preparing and filing of Form CCA-102, and is used for the reporting of municipal income tax withheld from wages.

Who Must File -- If you have one or more employees you must make a return for the first quarter in which you are required to withhold municipal income tax from wages and for each quarter thereafter.

If you temporarily discontinue paying wages (for example, seasonal work), you must nevertheless file returns. If you no longer expect to pay wages subject to the tax reportable on this form you must file a "Final Return".

After you have once filed a return, a pre-addressed Form CCA-102 will be mailed to you every three (3) months. If the form should fail to reach you request a Form CCA-102 so that you can file your return on time.

Transfer or Sale of Business -- If a business is transferred or sold by one employer to another, each employer must file a separate return.

Quarterly Returns and Due Dates -- A return must be filed for each quarter of the calendar year as follows

QUARTER COVERED	QUARTER ENDING	DUE ON OR BEFORE
January, February, March	March 31st	April 30th
April, May, June	June 30th	July 31st
July, August, September	September 30th	October 31st
October, November, December	December 31st	January 31st

Where To File -- Taxpayers whose business places are located in the communities shown on the front of this return are required to file their return with the Division of Taxation, 1701 Lakeside Avenue, Cleveland, Ohio 44114.

Payment of Tax -- Each return Form CCA-102 should be accompanied by the remittance (check, money order, depository receipt or combination of these) for the total taxes reported in Item 6.

Employer Identification Number, Name and Address -- Pre-addressed Form CCA-102 should be used in filing returns. If pre-addressed form is lost, request another and type or print in the name, address, identification number including all other pertinent information. If you do not have a number, indicate on the return and a Division of Taxation number will be assigned to you.

Penalties and Interest -- The law provides penalties for late filing of a return and payments thereof. Avoid penalties and interest by filing returns and payments of tax.

Penalties also are imposed by law for willful failure to pay, collect or truthfully account for and pay over tax, keep records, make returns, for false or fraudulent returns, or for submitting bad checks.

FORMS W-2 AND CCA-W3

When filing return on CCA-102 for the last quarter of the calendar year or when filing final return if final wages are paid before the end of the year, the employer must transmit copies (W-2) of all wages and tax statements issued for the year together with a Form W-3, Reconciliation of Income Tax withheld.

Form CCA-W3 will be mailed with return for the fourth quarter. If a final return is filed before the end of the year, Form CCA-W3 should be requested from Division of Taxation. Instructions for Form CCA-W3 are printed on the back of said form.

SPECIFIC INSTRUCTIONS

Item 1 -- Enter only the total taxable wages paid to employees. Do not include wages (paid that are) earned in taxing communities not listed on the front of this return.

Item 2 -- Enter in Item 2 the amount of income tax withheld on wages.

Item 3 -- **Adjustment of Income Tax Withheld.** Item 3 should be used for the correction of errors made in connection with the withholding of income tax from wages paid in the preceding quarters of the same calendar year.

Any amount in Item 3 must be explained by a statement enclosed with the return. The statement must set forth:

- Explanation of the error which is intended to be corrected;
- The particular return period or periods to which the error relates;
- The amount chargeable to each such period; and
- The manner in which the error has been settled.

Item 4 -- **Adjusted Total Income Tax Withheld.** This amount should either be the total or the difference of Items 2 and 3 depending on whether the items are added or subtracted.

Item 6 -- The amount indicated in this column must be paid not later than one month following the close of the quarter.

January 18, 1972

Other

169-26-3956	Donald Mathews	N. Ridgeville	2435.60	24.36
286-50-7930	Robert Walker	N. Ridgeville	759.06	7.60
297-14-0445	Roger Gardner	N. Ridgeville	236.92	2.37
296-46-7903	Roger Martin	N. Ridgeville	683.54	6.84
300-54-3288	Fred Slanczka	Wakeman	146.88	1.47
270-48-6519	Russell Slanczka	Wakeman	1787.98	17.88
272-30-2444	Herman Jagusch	Oberling	599.06	5.98

- ① 28,758.29
- ② 287.65
- ③ none
- ④ 287.65
- ⑤ none
- ⑥ 287.65

Eyer

Sum of above 5.54
 Wm. Edwards 21.52
 Ezra Taylor 1.83
 Ernest Taylor 15.80
 D. Oble 21.00
 B. Stelly 14.60
 C. Oble 11.84
 J. Jackson 3.17
 R. Oble 41.30
 164.02

Torrie

W. Ridgwell

Forest Hampton 20.72

B. Mathews 24.36

James Johnson 27.75

T. Mathews 7.60

Carl Edwards 8.66

T. Oble 2.37

$$\begin{array}{r} 57.13 \\ \times 25 = \\ 14.28 \end{array}$$

$$\begin{array}{r} 41.17 \\ \times 25 \\ \hline 10.29 \end{array}$$

Wakeman

Fred Edwards 1.47

Oble 16.63

Russ Edwards 17.88

$$\begin{array}{r} 19.35 \\ \times 25 \\ \hline 4.84 \end{array}$$

Oble

Norman Foguet 5.98

$$\begin{array}{r} 5.98 \\ \times 25 \\ \hline 1.50 \end{array}$$

~~287.65~~
~~14.28~~
~~Other 16.63~~
~~256.74~~ Elgiva
~~14.28~~
~~64.19~~ + ~~256.74~~
~~192.55~~ = ~~256.74~~ ✓

Total Tax
Pd.

287.65
14.75
 215.74

287.65
14.25
 71.91
 -14.28
 -16.63

Empl. Elgiva
 215.74

Res. "
 41.00

Lorain 14.28
 Other 16.63

Due 12-31-71 \$10.00
#8363

PROFIT RETURN
DECLARATION OF ESTIMATED MUNICIPAL INCOME TAX
CENTRAL COLLECTION AGENCY
DIVISION OF TAXATION
FOR CALENDAR YEAR 1971

OR FISCAL YEAR BEGINNING _____, ENDING _____

CHECK WHICH: OWNER _____ PROFESSIONAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____			
STATUS: RESIDENT _____ NON RESIDENT _____ TYPE OF INCOME: RENTAL _____ BUSINESS _____ OTHER _____			
QUARTER 4TH	FEDERAL OR SOCIAL SECURITY NUMBER 34-0420884	DATE DUE DEC. 31, 1971	
PLEASE PRINT OR TYPE	PRINT NAME Hitts Chemical Company	1. TAX PREVIOUSLY ESTIMATED..... \$ 40.00	
	TRADE NAME, IF ANY		2. ESTIMATED TAX ADJUSTED..... \$ (SEE INSTRUCTIONS)
	BUSINESS ADDRESS		3. ADJUSTED ESTIMATED TAX (LINE 1 PLUS OR MINUS LINE 2)..... \$ 40.00
	CITY AND ZIP CODE Elyria, Ohio 44035		4. PRIOR PAYMENTS MADE..... \$ 30.00
	RESIDENT ADDRESS		5. UNPAID BALANCE (LINE 3 LESS LINE 4)..... \$ 10.00
CITY AND ZIP CODE		6. AMOUNT PAID WITH THIS RETURN (THE AMOUNT SHOWN ON LINE 5 SHOULD BE PAID)..... \$ 10.00	

MUNICIPALITY	*	CODE	AMOUNT	MUNICIPALITY	*	CODE	AMOUNT
1% TAX COMMUNITIES				Newburgh Hts.	7-1-68	540	
Aurora	1-1-69	910		Northfield	10-1-68	545	
Bay Village	7-1-68	040		North Olmsted	7-1-68	550	
Beachwood	7-1-68	050		North Randall	7-1-68	560	
Bedford	7-1-68	060		Oakwood	7-1-68	580	
Bentleyville	1-1-69	090		Olmsted Falls	1-1-69	590	
Berea	7-1-68	100		Orange	7-1-68	600	
Bratenahl	7-1-70	120		Pepper Pike	7-1-68	650	
Brecksville	1-1-69	130		Richmond Hts.	7-1-68	670	
Broadview Hts.	1-1-69	140		Seven Hills	7-1-68	720	
Brooklyn Hts.	10-1-68	160		Shaker Hts.	7-1-68	750	
Chagrin Falls	7-1-68	180		Sheffield Vil.	7-1-68	752	
Chardon	1-1-70	185		South Euclid	7-1-68	770	
Cleveland	7-1-68	200		South Russell	1-1-69	772	
Cleveland Hts.	7-1-68	210		Streetsboro	1-1-69	775	
East Cleveland	7-1-68	270		Strongsville	7-1-68	780	
Eastlake	1-1-69	273		Timberlake	10-1-68	788	
Elyria	8-1-69	277		University Hts.	7-1-68	800	
Euclid	7-1-68	280		Valley View	1-1-69	810	
Fairview Park	7-1-68	300		Walton Hills	4-1-69	820	
Garfield Hts.	7-1-68	320		Warrensville Hts.	7-1-68	830	
Gates Mills	7-1-68	330		Westlake	7-1-68	840	
Highland Hts.	7-1-68	370		Wickliffe	7-1-69	860	
Hunting Valley	1-1-69	380		Willoughby	1-1-69	870	
Independence	1-1-69	390		Willoughby Hills	10-1-68	880	
Kirtland	7-1-69	394		Willowick	7-1-68	890	
Kirtland Hills	4-1-71	395		Woodmere	7-1-68	900	
Lakewood	7-1-68	400		1/2% TAX COMMUNITY			
Linddale	7-1-70	420		Cuyahoga Hts.	1-1-71	250	
Lyndhurst	7-1-68	440		Middlefield	4-1-69	510	
Maple Hts.	7-1-68	460		TOTAL - ALL LOCATIONS			
Mayfield Hts.	7-1-68	480		I have examined this declaration and to the best of my knowledge, it is correct.			
Mayfield Vill.	7-1-68	485					
Mentor	1-1-69	490					
Mentor-on-the-Lake	1-1-69	495					
Middleburg Hts.	7-1-68	500					
Moreland Hills	7-1-68	520					

GENERAL INSTRUCTIONS

- Item 1 - Purpose of Declaration** – The purpose of the Declaration is to enable certain taxpayers as specified below, to estimate their taxable income and to provide a basis for paying the tax quarterly. Such taxpayers must also file an annual return of actual taxable income and pay any balance of tax due.
- Item 2 - Who need not make a Declaration** – You need not make a Declaration or a Final Return, if your income consists solely of salaries, wages, etc. from which an employer(s) withholds the municipal income tax from the gross amount of such income for anyone of the communities under the Central Collection Agency.
- Item 3 - Who must make a Declaration (Form CCA-120-201-ES)** – Except as provided in the preceding paragraph, a Declaration must be made by the following:
- (a) Every resident of a municipality under Central Collection Agency who expects income during the taxable year from rental property and for other sources wherever such property or other source is located. The net amount of such income is taxable.
 - (b) Every non-resident of a taxing community in central collection who expects to earn income during the taxable year from rental property and/or other sources located within said taxing community under central collection.
 - (c) Every resident business or professional entity including individual proprietorships, associations and other entities which expect a net profit for the taxable year.
 - (d) Every non-resident business or professional entity including individual proprietorships, partnerships, associations and other entities which expect a profit derived from business transacted, work done, services performed or any other activity conducted in a taxing municipality under the Central Collection Agency during the taxable year.
 - (e) Every corporation which expects to realize a profit derived from business transacted, work done, services performed or any other activity conducted in a taxing community under the Central Collection Agency during the taxable year, whether or not such corporation has an office or place of business, located in said taxing community.
- Item 4 - In the Case of any Resident Unincorporated Business or Professional Entity** – owned by two or more persons, the tax imposed by the Ordinance shall be levied against the business entity rather than the individual owners or partners. Resident partners, of a non-resident unincorporated business are taxed individually on such part of their distributive shares of the business income as has not been taxed to the business entity.
- Item 5 - Net Profit** – The net gain from the operation of a business profession, enterprise or other activity after provision for all ordinary and necessary expenses, either paid or accrued in accordance with the accounting system used by the taxpayer for Federal Income Tax purposes, without deduction of taxes imposed by the ordinance, federal, state and other taxes based on income; and in the case of an association, without deduction of salaries paid to partners and other owners; and otherwise adjusted to the requirements of the Ordinance.
- Item 6 - Where and When to File a Declaration** –
- (a) Declarations should be mailed or delivered to the Division of Taxation, 1701 Lakeside Avenue, Cleveland, Ohio 44114.
 - (b) Calendar Year Taxpayers must file on or before April 30th. The second, third and fourth payments are due on June 30th, September 30th and December 31st. Taxpayers of communities joining Central Collection Agency and not previously subject to paying the tax, shall file a Declaration within 120 days of the date they become subject to the tax. Thereafter, the taxpayer shall file in the same manner as other calendar taxpayers.
 - (c) Taxpayers On Fiscal Year Basis – shall make their Declaration and subsequent quarterly installments on the same basis as other taxpayers, except that the calendar quarters of the fiscal year taxpayers shall be adjusted in accordance with the specific fiscal year. For example, the four installment payment dates of a fiscal year beginning February 1st, would be: 1st payment, May 31st; 2nd, July 31st; 3rd, October 31st; and 4th and final payment, January 31st

PROFIT RETURN
DECLARATION OF ESTIMATED MUNICIPAL INCOME TAX
CENTRAL COLLECTION AGENCY
1971
DIVISION OF TAXATION
FOR CALENDAR YEAR 1971

pd 9-28-71

#8137

OR FISCAL YEAR BEGINNING _____, ENDING _____

CHECK WHICH: OWNER _____ PROFESSIONAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____			
STATUS: RESIDENT _____ NON RESIDENT _____ TYPE OF INCOME: RENTAL _____ BUSINESS _____ OTHER _____			
QUARTER 3RD	FEDERAL OR SOCIAL SECURITY NUMBER 34-0420884	DATE DUE SEPT. 30, 1971	
PLEASE PRINT OR TYPE	PRINT NAME Philly Chemical Company	1. TAX PREVIOUSLY ESTIMATED..... \$ 40.00	
	TRADE NAME, IF ANY		2. ESTIMATED TAX ADJUSTED..... \$ (SEE INSTRUCTIONS)
	BUSINESS ADDRESS		3. ADJUSTED ESTIMATED TAX (LINE 1 PLUS OR MINUS LINE 2)..... \$ 40.00
	CITY AND ZIP CODE 142 Locust St. - P. O. Box 375 Elyria Ohio 44035		4. PRIOR PAYMENTS MADE..... \$ 20.00
	RESIDENT ADDRESS		5. UNPAID BALANCE (LINE 3 LESS LINE 4)..... \$ 20.00
CITY AND ZIP CODE		6. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/2 OF LINE 5)..... \$ 10.00	

MUNICIPALITY	*	CODE	AMOUNT	MUNICIPALITY	*	CODE	AMOUNT
1% TAX COMMUNITIES				Newburgh Hts.	7-1-68	540	
Aurora	1-1-69	010		Northfield	10-1-68	545	
Bay Village	7-1-68	040		North Olmsted	7-1-68	550	
Beachwood	7-1-68	050		North Randall	7-1-68	560	
Berford	7-1-68	060		Oakwood	7-1-68	580	
Bentleyville	1-1-69	090		Olmsted Falls	1-1-69	590	
Berea	7-1-68	100		Orange	7-1-68	600	
Bratenahl	7-1-70	120		Pepper Pike	7-1-68	650	
Brecksville	1-1-69	130		Richmond Hts.	7-1-68	670	
Broadview Hts.	1-1-69	140		Seven Hills	7-1-68	720	
Brooklyn Hts.	10-1-68	160		Shaker Hts.	7-1-68	750	
Chagrin Falls	7-1-68	180		Sheffield Vil.	7-1-68	752	
Chardon	1-1-70	185		South Euclid	7-1-68	770	
Cleveland	7-1-68	200		South Russell	1-1-69	772	
Cleveland Hts.	7-1-68	210		Streetsboro	1-1-69	775	
East Cleveland	7-1-68	270		Strongsville	7-1-68	780	
Eastlake	1-1-69	273		Timberlake	10-1-68	788	
Elyria	8-1-69	277		University Hts.	7-1-68	800	
Euclid	7-1-68	280		Valley View	1-1-69	810	
Fairview Park	7-1-68	300		Walton Hills	4-1-69	820	
Garfield Hts.	7-1-68	320		Warrensville Hts.	7-1-68	830	
Gates Mills	7-1-68	330		Westlake	7-1-68	840	
Highland Hts.	7-1-68	370		Wickliffe	7-1-69	860	
Hunting Valley	1-1-69	380		Willoughby	1-1-69	870	
Independence	1-1-69	390		Willoughby Hills	10-1-68	880	
Kirtland	7-1-69	394		Willowick	7-1-68	890	
Kirtland Hills	4-1-71	395		Woodmere	7-1-68	900	
Lakewood	7-1-68	400		1/2% TAX COMMUNITY			
Lindale	7-1-70	420		Cuyahoga Hts.	1-1-71	250	
Lynchhurst	7-1-68	440		Middlefield	4-1-69	510	
Maple Hts.	7-1-68	460		TOTAL - ALL LOCATIONS			
Mayfield Hts.	7-1-68	480					10.00
Mayfield Vill.	7-1-68	485		I have examined this declaration and to the best of my knowledge, it is correct.			
Mentor	1-1-69	490					
Mentor-on-the-Lake	1-1-69	495					
Middleburg Hts.	7-1-68	500					
Moreland Hills	7-1-68	520					

* Denotes current effective date of tax rate

AUTHORIZED SIGNATURE

DATE

I pd 2/23/71 CE#763

HARRY J. P. WOLTZ, CERTIFIED PUBLIC ACCOUNTANT, ELYRIA, OHIO

INSTRUCTIONS FOR FILING ATTACHED RETURN

Make check for \$ 10.10
Payable to:
☐ Internal Revenue Service
☐ Treasurer, _____ County
☐ Bureau Of Employment Services
☐ Treasurer, State Of Ohio
☒ Central Collection Agency
☐ Other

Refund Due Of \$ _____

Mail to:
☐ Internal Revenue Service
☐ Cincinnati, Ohio 45298
☐ Enclosed envelope
☐ Auditor, _____ County
☒ Central Collection Agency
☐ 1701 Lakeside, Cleveland, Ohio 44114
☐ Other

In payment of:

☐ F.I.C.A. & Withholding Tax
☐ Federal Income Tax
☐ Federal Estimated Income Tax
☐ State Unemployment Tax
☐ Federal Unemployment Tax
☐ Deposit For Withheld Taxes
☐ Workmen's Compensation Insurance
☐ Sales Tax
☐ Personal Property-Business-Personal
☐ Franchise Tax & Security Valuation
☐ City Income Tax
☒ City Estimated Income Tax 1071
☐ Other

Be sure report is dated and signed by:

Deposit or Mail before 4-30-71

☐ Copy enclosed for your records

IMPORTANT: To avoid penalty charges sign and mail report on or before due date even though you do not send the money.

*may change to due on 6-30 - Pd. 6-30-71 CE#7919
6-30 Pd. 9-28-71 CE#8137
12-31 Pd. 12-31-71 CE#8363*

COPY

PROFIT RETURN
DECLARATION OF ESTIMATED MUNICIPAL INCOME TAX
CENTRAL COLLECTION AGENCY
DIVISION OF TAXATION
1971
FOR CALENDAR YEAR 1971

OR FISCAL YEAR BEGINNING _____, ENDING _____

CHECK WHICH: OWNER _____ PROFESSIONAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____		
STATUS: RESIDENT _____ NON RESIDENT _____ TYPE OF INCOME: RENTAL _____ BUSINESS _____ OTHER _____		
QUARTER	FEDERAL OR SOCIAL SECURITY NUMBER	DATE DUE
	34-0420884	4-30-71
PLEASE PRINT OR TYPE	PRINT NAME	
	Obitts Chemical Company	
	TRADE NAME, IF ANY	
	BUSINESS ADDRESS	
	142 Locust Street - P.O. Box 300	
	CITY AND ZIP CODE	
	Elyria, Ohio 44035	
	RESIDENT ADDRESS	
	CITY AND ZIP CODE	
1. ESTIMATED ANNUAL TAXABLE NET PROFIT..... \$ 4000.00		
2. ESTIMATED ANNUAL TAX (MULTIPLY NET PROFIT X RATE EFFECTIVE IN BUSINESS COMMUNITY)..... \$ 40.00		
3. LESS AMOUNT OF OVERPAYMENT ON YOUR 1970 INCOME TAX RETURN AND CREDITED AGAINST YOUR 1971 ESTIMATED TAX..... \$		
4. NET ESTIMATED TAX DUE (LINE 2 LESS LINE 3)..... \$ 40.00		
5. AMOUNT PAID WITH THIS RETURN (NOT LESS THAN 1/4 OF LINE 4)..... \$ 10.00		

MUNICIPALITY	★	CODE	AMOUNT	MUNICIPALITY	★	CODE	AMOUNT
1% TAX COMMUNITIES				North Olmsted	7-1-68	550	
Aurora	1-1-69	010		North Randall	7-1-68	560	
Bay Village	7-1-68	040		Oakwood	7-1-68	580	
Beachwood	7-1-68	050		Olmsted Falls	1-1-69	590	
Bedford	7-1-68	060		Orange	7-1-68	600	
Bentleyville	1-1-69	090		Pepper Pike	7-1-68	650	
Berea	7-1-68	100		Richmond Hts.	7-1-68	670	
Bratenahl	7-1-70	120		Seven Hills	7-1-68	720	
Brecksville	1-1-69	130		Shaker Hts.	7-1-68	750	
Broadview Hts.	1-1-69	140		Sheffield Vil.	7-1-68	752	
Brooklyn Hts.	10-1-68	160		South Euclid	7-1-68	770	
Chagrin Falls	7-1-68	180		South Russell	1-1-69	772	
Chardon	1-1-70	185		Streetsboro	1-1-69	775	
Cleveland	7-1-68	200		Strongsville	7-1-68	780	
Cleveland Hts.	7-1-68	210		Timberlake	10-1-68	788	
East Cleveland	7-1-68	270		University Hts.	7-1-68	800	
Eastlake	1-1-69	273		Valley View	1-1-69	810	
Elyria	8-1-69	277	10.00	Walton Hills	4-1-69	820	
Euclid	7-1-68	280		Warrensville Hts.	7-1-68	830	
Fairview Park	7-1-68	300		Westlake	7-1-68	840	
Garfield Hts.	7-1-68	320		Wickliffe	7-1-69	860	
Gates Mills	7-1-68	330		Willoughby	1-1-69	870	
Highland Hts.	7-1-68	370		Willoughby Hills	10-1-68	880	
Hunting Valley	1-1-69	380		Willowick	7-1-68	890	
Independence	1-1-69	390		Woodmere	7-1-68	900	
Kirtland	7-1-69	394		1/2% TAX COMMUNITY			
Lakewood	7-1-68	400		Cuyahoga Hts.	1-1-71	250	
Lindale	7-1-70	420		Middlefield	4-1-69	510	
Lyndhurst	7-1-68	440		TOTAL - ALL LOCATIONS			
Maple Hts.	7-1-68	460		10.00			
Mayfield Hts.	7-1-68	480		I have examined this declaration and to the best of my knowledge, it is correct.			
Mayfield Vil.	7-1-68	485					
Mentor	1-1-69	490					
Mentor-on-the-Lake	1-1-69	495					
Middleburg Hts.	7-1-68	500					
Moreland Hills	7-1-68	520		COPY			
Newburgh Hts.	7-1-68	540					
Northfield	10-1-68	545					

*Denotes current effective date of tax rate
FORM CCA-201-4 Revised AUG. 1970

AUTHORIZED SIGNATURE

DATE

DIVISION OF
TAXATION

CENTRAL
COLLECTION
AGENCY

Type
or
Print
Employer's
Name
and
Address

RECONCILIATION OF MUNICIPAL INCOME TAX
WITHHELD AND TRANSMITTAL OF WAGE STATEMENTS (W-2)

1971

NAME <i>O'bitts Chemical Company</i>	PLACE OF BUSINESS (CITY): <i>Elyria</i>
TRADE NAME (IF ANY)	EMPLOYER IDENTIFICATION NO. (FORM CCA-102) <i>34-0420884</i>
STREET ADDRESS <i>142 Locust Street</i>	NO. OF COPIES OF FORMS ATTACHED <i>25</i>
CITY, STATE AND ZIP CODE <i>Elyria, Ohio 44035</i>	EMPLOYER'S COPY

- 1 TOTAL OF MUNICIPAL INCOME TAX WITHHELD FROM WAGES (FORMS W-2).....\$ *1,162.99*
- 2 TOTAL OF MUNICIPAL INCOME TAX WITHHELD AS REPORTED ON FORM CCA-102 FOR QUARTER ENDED.....
- A. MAR. 31.....\$ *298.09* C. SEPT. 30.....\$ *298.61*
- B. JUNE 30.....\$ *240.29* D. DEC. 31.....\$ *287.65*
- 3 TOTAL OF AMOUNTS AS SHOWN ON LINES 2A THROUGH 2D.....\$ *1,124.64*
(IF DIFFERENT FROM TOTAL LINE 1, ATTACH EXPLANATIONS)

I DECLARE THAT I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE.

DATE *1-18-72* SIGNATURE _____ TITLE *Vice-President*
FORM CCA-120-11 CCA-W3

	+	+	+	+	T
9	9	1	5	4	
80	29	61	75	64	
98	02	86	65		
24	98	76			
22	98	46			
22	87				
11	24				
1	26				

[illegible][illegible]

January 24, 1972

Central Collection Agency
1701 Lakeside Ave.
Cleveland, Ohio 44114

Dear Sirs:

An error was made on 2nd quarter return ending 6-30-71, due 7-31-71.
Return should have read 1. Total Wages subject to withholding \$27,862.10
2. tax withheld \$278.64

Reconciliation should read:

A. 298.09
B. 278.64
C. 298.61
D. 287.65

Total \$1,162.99

Amount due you from the second quarter
error is \$38.35, which I am enclosing
check for that amount.

FD-1-31-72
#8428

Very truly yours,
Obitta Chemical Company
Dorothy K. Obitta
Dorothy Obitta,
Vice-President

DKO/bjs

EMPLOYER'S QUARTERLY MUNICIPAL TAX RETURN

CENTRAL COLLECTION AGENCY

DIVISION OF TAXATION

If "Final Return"
Indicate here

Date Quarter Ended SEPT. 30, 1971	Employer ID No. 34-0420884	Date Due OCT. 31, 1971	1. Total wages subject to withholding \$ 29,856.02
Name Obetts Chemical Company			2. Amount of tax withheld \$ 298.61
Trade Name, if any			3. Adjustment for preceding quarters of calendar year (PLEASE EXPLAIN) \$ none
Local Business Address 142 Euclid St.			4. Adjusted total of tax withheld .. \$ 298.61
City and ZIP Code Elyria 44035			5. Total of enclosed depository receipts (see other side) \$ none
Mailing Address P. O. Box 375			6. Balance due and paid herewith (Item 4 minus Item 5) \$ 298.61
City and ZIP Code Elyria 44035			

BE SURE TO ENCLOSE REMITTANCE AND DEPOSITARY RECEIPTS WITH THIS RETURN

MUNICIPALITY	*	CODE	EMPLOYMENT	RESIDENCE	MUNICIPALITY	*	CODE	EMPLOYMENT	RESIDENCE
1% TAX COMMUNITIES					North Olmsted	7-1-68	550		
Aurora	1-1-69	010			North Randall	7-1-68	560		
Bay Village	7-1-68	040			Oakwood	7-1-68	580		
Beachwood	7-1-68	050			Olmsted Falls	1-1-69	590		
Bedford	7-1-68	060			Orange	7-1-68	600		
Bentleyville	1-1-69	090			Pepper Pike	7-1-68	650		
Berea	7-1-68	100			Richmond Hts.	7-1-68	670		
Bratenahl	7-1-70	120			Seven Hills	7-1-68	720		
Brecksville	1-1-69	130			Shaker Hts.	7-1-68	750		
Broadview Hts.	1-1-69	140			Sheffield Vil.	7-1-68	752		
Brooklyn Hts.	10-1-68	160			South Euclid	7-1-68	770		
Chagrin Falls	7-1-68	180			South Russell	1-1-69	772		
Chardon	1-1-70	185			Streetsboro	1-1-69	775		
Cleveland	7-1-68	200			Strongsville	7-1-68	780		
Cleveland Hts.	7-1-68	210			Timberlake	10-1-68	788		
East Cleveland	7-1-68	270			University Hts.	7-1-68	800		
Eastlake	1-1-69	273			Valley View	1-1-69	810		
Elyria	8-1-69	277	223.96	49.95	Walton Hills	4-1-69	820		
Euclid	7-1-68	280			Warrensville Hts.	7-1-68	830		
Fairview Park	7-1-68	300			Westlake	7-1-68	840		
Garfield Hts.	7-1-68	320			Wickliffe	7-1-69	860		
Gates Mills	7-1-68	330			Willoughby	1-1-69	870		
Highland Hts.	7-1-68	370			Willoughby Hills	10-1-68	880		
Hunting Valley	1-1-69	380			Willowick	7-1-68	890		
Independence	1-1-69	390			Woodmere	7-1-68	900		
Kirtland	7-1-69	394			1/2% TAX COMMUNITIES				
Kirtland Hills	4-1-71	395			Cuyahoga Hts.	1-1-71	250		
Lakewood	7-1-68	400			Middlefield	4-1-69	510		
Linndale	7-1-70	420			NON CENTRAL COLLECTION TAXING COMMUNITIES				
Lyndhurst	7-1-68	440			Brooklyn	7-1-68	150		
Maple Hts.	7-1-68	460			Lorain	10-1-68	435		
Mayfield Hts.	7-1-68	480			No. Royalton	7-1-68	570		
Mayfield Vill.	7-1-68	485			Parma	7-1-68	620		
Mentor	1-1-69	490			Parma Hts.	7-1-68	630		
Mentor-on-the-Lake	1-1-69	495			Rocky River	7-1-68	700		
Middleburg Hts.	7-1-68	500			OTHER (ATTACH LIST) 999				
Moreland Hills	7-1-68	520			TOTAL - ALL LOCATIONS				
Newburgh Hts.	7-1-68	540							
Northfield	10-1-68	545							

*Denotes current effective date of Tax Rate.

I have examined this return and to the best of my knowledge, it is correct.

FORM CCA-102-3
REVISED AUG. 1971

Date Oct. 13, 1971 Signature _____ Title (Owner, etc.) Vice-President

Do you expect to pay Taxable Wages in the future? ☐ Yes ☐ No
If No, write "Final Return" in space provided on the front of this return.

Enter date of final payment of taxable wages

19

Requirements for Monthly Deposits – Every employer who is liable for more than \$100.00 income tax withheld for a month, is required to deposit such taxes within 20 days after the close of such month to the Division of Taxation. Deposits for the third month of any quarter is not required as the amount due can be filed with the quarterly report.

DEPOSITARY RECEIPT RECORD

This must be used by employers required to make deposits of taxes reportable on this return. Each deposit should be accompanied by a Receipt Form EM-1 which will be validated by the Division of Taxation and returned to the employer. Validated receipts should be listed here and must be enclosed with this return.

RECEIPT SERIAL NO.	DATE OF DEPOSIT	AMOUNT

TOTAL OF ALL ENCLOSED DEPOSITARY RECEIPTS
(ENTER IN ITEM 5 ON OTHER SIDE)

GENERAL INSTRUCTIONS FOR FORM CCA-102

The instructions below relate to the preparing and filing of Form CCA-102, and is used for the reporting of municipal income tax withheld from wages.

Who Must File – If you have one or more employees you must make a return for the first quarter in which you are required to withhold municipal income tax from wages and for each quarter thereafter.

If you temporarily discontinue paying wages (for example, seasonal work), you must nevertheless file returns. If you no longer expect to pay wages subject to the tax reportable on this form you must file a "Final Return".

After you have once filed a return, a pre-addressed Form CCA-102 will be mailed to you every three (3) months. If the form should fail to reach you request a Form CCA-102 so that you can file your return on time.

Transfer or Sale of Business – If a business is transferred or sold by one employer to another, each employer must file a separate return.

Quarterly Returns and Due Dates – A return must be filed for each quarter of the calendar year as follows:

QUARTER COVERED	QUARTER ENDING	DUE ON OR BEFORE
January, February, March	March 31st	April 30th
April, May, June	June 30th	July 31st
July, August, September	September 30th	October 31st
October, November, December	December 31st	January 31st

Where To File – Taxpayers whose business places are located in the communities shown on the front of this return are required to file their return with the Division of Taxation, 1701 Lakeside Avenue, Cleveland, Ohio 44114.

Payment of Tax – Each return Form CCA-102 should be accompanied by the remittance (check, money order, depository receipt or combination of these) for the total taxes reported in Item 6.

Employer Identification Number, Name and Address – Pre-addressed Form CCA-102 should be used in filing returns. If pre-addressed form is lost, request another and type or print in the name, address, identification number including all other pertinent information. If you do not have a number, indicate on the return and a Division of Taxation number will be assigned to you.

Penalties and Interest – The law provides penalties for late filing of a return and payments thereof. Avoid penalties and interest by filing returns and payments of tax.

Penalties also are imposed by law for willful failure to pay, collect or truthfully account for and pay over tax, keep records, make returns, for false or fraudulent returns, or for submitting bad checks.

FORMS W-2 AND CCA-W3

When filing return on CCA-102 for the last quarter of the calendar year or when filing final return if final wages are paid before the end of the year the employer must transmit copies (W-2) of all wages and tax statements issued for the year together with a Form W-3, Reconciliation of Income Tax withheld.

Form CCA-W3 will be mailed with return for the fourth quarter. If a final return is filed before the end of the year, Form CCA-W3 should be requested from Division of Taxation. Instructions for Form CCA-W3 are printed on the back of said form.

SPECIFIC INSTRUCTIONS

Item 1 – Enter only the total taxable wages paid to employees. Do not include wages (paid that are) earned in taxing communities not listed on the front of this return.

Item 2 – Enter in Item 2 the amount of income tax withheld on wages.

Item 3 – Adjustment of Income Tax Withheld. Item 3 should be used for the correction of errors made in connection with the withholding of income tax from wages paid in the preceding quarters of the same calendar year. Any amount in Item 3 must be explained by a statement enclosed with the return. The statement must set forth:

- Explanation of the error which is intended to be corrected;
- The particular return period or periods to which the error relates;
- The amount chargeable to each such period; and
- The manner in which the error has been settled.

Item 4 – Adjusted Total Income Tax Withheld. This amount should either be the total or the difference of Items 2 and 3 depending on whether the items are added or subtracted.

Item 6 – The amount indicated in this column must be paid not later than one month following the close of the quarter.

October 13, 1971

296-46-7903	Roger Martin	N. Ridgeville	933.24	9.33
169-26-3956	Donald Mathews	N. Ridgeville	2069.30	20.72

- ① 29,856.02
- ② 298.61
- ③ none
- ④ 298.61
- ⑤ none
- ⑥ 298.61

<u>Lorain</u>		<u>N. Ridgerville</u>	
Carl Edwards	23.53	Martin	9.33
Hampster	18.44	Mathews	20.72
Johnson	26.79		30.05
	68.76		1.25
	X .25		7.51
	17.19		Other
	Lorain		

7.51
 17.19
 24.70

$$298.61 \times .96\% = 283.12$$

$$298.61 \times .25\% = 74.65$$

$$298.61$$

$$\frac{298.61}{223.96} = 1.333$$

$$\frac{17.19}{7.51} = 2.289$$

EMPLOYER'S QUARTERLY MUNICIPAL TAX RETURN

CENTRAL COLLECTION AGENCY

If "Final Return"

Indicate here

DIVISION OF TAXATION

Date Quarter Ended JUNE 30, 1971	Employer ID No. 34-0420884	Date Due JULY 31, 1971	1. Total wages subject to withholding \$ 24,025.75 24,025.75
Name Obitts Chemical Company			2. Amount of tax withheld \$ 240.29
Trade Name, If any			3. Adjustment for preceding quarters of calendar year (PLEASE EXPLAIN) \$ none
Local Business Address			4. Adjusted total of tax withheld .. \$ 240.29
City and ZIP Code Elyria, Ohio 44035			5. Total of enclosed depository receipts (see other side) \$ 240.29
Mailing Address P. O. Box 375			6. Balance due and paid herewith (Item 4 minus Item 5) \$ 240.29
City and ZIP Code Elyria 44035			

BE SURE TO ENCLOSE REMITTANCE AND DEPOSITARY RECEIPTS WITH THIS RETURN

MUNICIPALITY	*	CODE	EMPLOYMENT	RESIDENCE	MUNICIPALITY	*	CODE	EMPLOYMENT	RESIDENCE
1% TAX COMMUNITIES					North Randall	7-1-68	560		
Aurora	1-1-69	010			Oakwood	7-1-68	580		
Bay Village	7-1-68	040			Olmsted Falls	1-1-69	590		
Beachwood	7-1-68	050			Orange	7-1-68	600		
Bedford	7-1-68	060			Pepper Pike	7-1-68	650		
Bentleyville	1-1-69	090			Richmond Hts.	7-1-68	670		
Berea	7-1-68	100			Seven Hills	7-1-68	720		
Bratenahl	7-1-70	120			Shaker Hts.	7-1-68	750		
Brecksville	1-1-69	130			Sheffield Vil.	7-1-68	752		
Broadview Hts.	1-1-69	140			South Euclid	7-1-68	770		
Brooklyn Hts.	10-1-68	160			South Russell	1-1-69	772		
Chagrin Falls	7-1-68	180			Streetsboro	1-1-69	775		
Chardon	1-1-70	185			Strongsville	7-1-68	780		
Cleveland	7-1-68	200			Timberlake	10-1-68	788		
Cleveland Hts.	7-1-68	210			University Hts.	7-1-68	800		
East Cleveland	7-1-68	270			Valley View	1-1-69	810		
Eastlake	1-1-69	273			Walton Hills	4-1-69	820		
Elyria	8-1-69	277	180.22	35.29	Warrensville Hts.	7-1-68	830		
Euclid	7-1-68	280			Westlake	7-1-68	840		
Fairview Park	7-1-68	300			Wickliffe	7-1-69	860		
Garfield Hts.	7-1-68	320			Willoughby	1-1-69	870		
Gates Mills	7-1-68	330			Willoughby Hills	10-1-68	880		
Highland Hts.	7-1-68	370			Willowick	7-1-68	890		
Hunting Valley	1-1-69	380			Woodmere	7-1-68	900		
Independence	1-1-69	390			1/2% TAX COMMUNITY				
Kirtland	7-1-69	394			Cuyahoga Hts.	1-1-71	250		
Lakewood	7-1-68	400			Middlefield	4-1-69	510		
Linndale	7-1-70	420			NON CENTRAL COLLECTION TAXING COMMUNITIES				
Lyndhurst	7-1-68	440			Brooklyn	7-1-68	150		
Maple Hts.	7-1-68	460			Lorain	10-1-68	435		16.68
Mayfield Hts.	7-1-68	480			No. Royalton	7-1-68	570		
Mayfield Vil.	7-1-68	485			Parma	7-1-68	620		
Mentor	1-1-69	490			Parma Hts.	7-1-68	630		
Mentor-on-the-Lake	1-1-69	495			Rocky River	7-1-68	700		
Middleburg Hts.	7-1-68	500							
Moreland Hills	7-1-68	520							
Newburgh Hts.	7-1-68	540							
Northfield	10-1-68	545							
North Olmsted	7-1-68	550			OTHER (ATTACH LIST) 999				
					TOTAL - ALL LOCATIONS				

Denotes current effective date of Tax Rate.

I have examined this return and to the best of my knowledge, it is correct

FORM TCA-102-2

REVISED JAN. 1971

Date 7/30/71

Signature

Title (Owner, etc.) Vice-President

July 30, 1971

296-46-7903	Roger Martin	N. Ridgeville	1114.77	11.15
169-26-3956	Donald Mathews	N. Ridgeville	2123.66	21.25

$$240.29 \times .75\% = 180.22 \quad \$240.29$$

$$240.29 \times .25\% = 60.07$$

	Empl.	Res.
Elyria	180.22	35.29

Lorain	16.68
Other	8.10

~~Carl Edwards 22.30.75~~
~~Hampton 26.69~~

- ① Total Wages 2nd quarter 24,025.75
- ② \$240.29
- ③ -
- ④ 240.29
- ⑤ -
- ⑥ 240.29
 ,75

<u>Lorain</u>		<u>Elyria</u>	<u>N. Ridgenville</u>
Carl Edwards	22.46	W. Edwards	11.15
Hampton	26.69	E. Fulesci	21.25
Johnson	66.73	Gastin	32.40
	1.25	Jackson	1.25
	16.68	Kilgore	8.10
		Slanzka	
		R.O. White	
		D. White	
		Stodley	
<u>Work-employment Residence Resubm</u>			

EMPLOYER'S QUARTERLY MUNICIPAL TAX RETURN

CENTRAL COLLECTION AGENCY

DIVISION OF TAXATION

If "Final Return"

Indicate here

Date Quarter Ended DEC. 1, 1970	Employer ID No. 34-0420884	Date Due JAN. 31, 1971	1. Total wages subject to withholding \$ 27,976.44
Name Obit's Chemical Company			2. Amount of tax withheld \$ 279.72
Trade Name, if any			3. Adjustment for preceding quarters of calendar year (PLEASE EXPLAIN) \$ none
Local Business Address 142 Locust Street			4. Adjusted total of tax withheld .. \$ 279.72
City and ZIP Code Elyria, Ohio 44035			5. Total of enclosed depository receipts (see other side) \$ none
Mailing Address P.O. Box 375			6. Balance due and paid herewith (Item 4 minus Item 5) \$ 279.72
City and ZIP Code Elyria, Ohio 44035			

BE SURE TO ENCLOSE REMITTANCE AND DEPOSITARY RECEIPTS WITH THIS RETURN

MUNICIPALITY	*	CODE	EMPLOYMENT	RESIDENCE	MUNICIPALITY	*	CODE	EMPLOYMENT	RESIDENCE
1% TAX COMMUNITIES					North Randall	7-1-68	560		
Aurora	1-1-69	010			Oakwood	7-1-68	580		
Bay Village	7-1-68	040			Olmsted Falls	1-1-69	590		
Beachwood	7-1-68	050			Orange	7-1-68	600		
Bedford	7-1-68	060			Pepper Pike	7-1-68	650		
Bentleyville	1-1-69	090			Richmond Hts.	7-1-68	670		
Berea	7-1-68	100			Seven Hills	7-1-68	720		
Bratenahl	7-1-70	120			Shaker Hts.	7-1-68	750		
Brecksville	1-1-69	130			Sheffield Vil.	7-1-68	752		
Broadview Hts.	1-1-69	140			South Euclid	7-1-68	770		
Brooklyn Hts.	10-1-68	160			South Russell	1-1-69	772		
Chagrin Falls	7-1-68	180			Streetsboro	1-1-69	775		
Chardon	1-1-70	185			Strongsville	7-1-68	780		
Cleveland	7-1-68	200			Timberlake	10-1-68	788		
Cleveland Hts.	7-1-68	210			University Hts.	7-1-68	800		
East Cleveland	7-1-68	270			Valley View	1-1-69	810		
Eastlake	1-1-69	273			Walton Hills	4-1-69	820		
Elyria	8-1-69	277	209.79	49.92	Warrensville Hts.	7-1-68	830		
Euclid	7-1-68	280			Westlake	7-1-68	840		
Fairview Park	7-1-68	300			Westview	1-1-69	850		
Garfield Hts.	7-1-68	320			Wickliffe	7-1-69	860		
Gates Mills	7-1-68	330			Willoughby	1-1-69	870		
Highland Hts.	7-1-68	370			Willoughby Hills	10-1-68	880		
Hunting Valley	1-1-69	380			Willowick	7-1-68	890		
Independence	1-1-69	390			Woodmere	7-1-68	900		
Kirtland	7-1-69	394			1/2% TAX COMMUNITY				
Lakewood	7-1-68	400			Middlefield	4-1-69	510		
Linndale	7-1-70	420			1/4% TAX COMMUNITY				
Lyndhurst	7-1-68	440			Cuyahoga Hts.	1-1-70	250		
Maple Hts.	7-1-68	460			NON CENTRAL COLLECTION TAXING COMMUNITIES				
Mayfield Hts.	7-1-68	480			Brooklyn	7-1-68	150		
Mayfield Vil.	7-1-68	485			Lorain	10-1-68	435		15.72
Mentor	1-1-69	490			No. Royalton	7-1-68	570		
Mentor-on-the-Lake	1-1-69	495			Parma	7-1-68	620		
Middleburg Hts.	7-1-68	500			Parma Hts.	7-1-68	630		
Moreland Hills	7-1-68	520			Rocky River	7-1-68	700		
Newburgh Hts.	7-1-68	540			OTHER (ATTACH LIST) 999				
Northfield	10-1-68	545			TOTAL - ALL LOCATIONS				
North Olmsted	7-1-68	550						209.79	69.93

Denotes current effective date of Tax Rate.

I have examined this return and to the best of my knowledge, it is correct

FORM CCA-102

REVISED AUG. 1970

Date

Jan. 11, 1971

Signature

Dorothy White

Title (Owner, etc.)

V.P.

wd. 1/11/71
ck # 7527

Do you expect to pay Taxable Wages in the future? ☐ Yes ☐ No
If No, write "Final Return" in space provided on the front of this return.

Enter date of final payment of taxable wages 19 .

Requirements for Monthly Deposits – Every employer who is liable for more than \$100.00 income tax withheld for a month, is required to deposit such taxes within 20 days after the close of such month to the Division of Taxation. Deposits for the third month of any quarter is not required as the amount due can be filed with the quarterly report.

DEPOSITARY RECEIPT RECORD

This must be used by employers required to make deposits of taxes reportable on this return. Each deposit should be accompanied by a Receipt Form EM-1 which will be validated by the Division of Taxation and returned to the employer. Validated receipts should be listed here and must be enclosed with this return.

RECEIPT SERIAL NO.	DATE OF DEPOSIT	AMOUNT

TOTAL OF ALL ENCLOSED DEPOSITARY RECEIPTS
(ENTER IN ITEM 5 ON OTHER SIDE)

GENERAL INSTRUCTIONS FOR FORM CCA-102

The instructions below relate to the preparing and filing of Form CCA-102, and is used for the reporting of municipal income tax withheld from wages.

Who Must File – If you have one or more employees you must make a return for the first quarter in which you are required to withhold municipal income tax from wages and for each quarter thereafter.

If you temporarily discontinue paying wages (for example, seasonal work), you must nevertheless file returns. If you no longer expect to pay wages subject to the tax reportable on this form you must file a "Final Return".

After you have once filed a return, a pre-addressed Form CCA-102 will be mailed to you every three (3) months. If the form should fail to reach you request a Form CCA-102 so that you can file your return on time.

Transfer or Sale of Business – If a business is transferred or sold by one employer to another, each employer must file a separate return.

Quarterly Returns and Due Dates – A return must be filed for each quarter of the calendar year as follows:

QUARTER COVERED	QUARTER ENDING	DUE ON OR BEFORE
January, February, March	March 31st	April 30th
April, May, June	June 30th	July 31st
July, August, September	September 30th	October 31st
October, November, December	December 31st	January 31st

Where To File – Taxpayers whose business places are located in the communities shown on the front of this return are required to file their return with the Division of Taxation, 1701 Lakeside Avenue, Cleveland, Ohio 44114.

Payment of Tax – Each return Form CCA-102 should be accompanied by the remittance (check, money order, depository receipt or combination of these) for the total taxes reported in Item 6.

Employer Identification Number, Name and Address – Pre-addressed Form CCA-102 should be used in filing returns. If pre-addressed form is lost, request another and type or print in the name, address, identification number including all other pertinent information. If you do not have a number, indicate on the return and a Division of Taxation number will be assigned to you.

Penalties and Interest – The law provides penalties for late filing of a return and payments thereof. Avoid penalties and interest by filing returns and payments of tax.

Penalties also are imposed by law for willful failure to pay, collect or truthfully account for and pay over tax, keep records, make returns, for false or fraudulent returns, or for submitting bad checks.

FORMS W-2 AND CCA-W3

When filing return on CCA-102 for the last quarter of the calendar year or when filing final return if final wages are paid before the end of the year, the employer must transmit copies (W-2) of all wages and tax statements issued for the year together with a Form W-3, Reconciliation of Income Tax withheld.

Form CCA-W3 will be mailed with return for the fourth quarter. If a final return is filed before the end of the year, Form CCA-W3 should be requested from Division of Taxation. Instructions for Form CCA-W3 are printed on the back of said form.

SPECIFIC INSTRUCTIONS

Item 1 – Enter only the total taxable wages paid to employees. Do not include wages (paid that are) earned in taxing communities not listed on the front of this return.

Item 2 – Enter in Item 2 the amount of income tax withheld on wages.

Item 3 – Adjustment of Income Tax Withheld. Item 3 should be used for the correction of errors made in connection with the withholding of income tax from wages paid in the preceding quarters of the same calendar year. Any amount in Item 3 must be explained by a statement enclosed with the return. The statement must set forth:

- (a) Explanation of the error which is intended to be corrected;
- (b) The particular return period or periods to which the error relates;
- (c) The amount chargeable to each such period; and
- (d) The manner in which the error has been settled.

Item 4 – Adjusted Total Income Tax Withheld. This amount should either be the total or the difference of Items 2 and 3 depending on whether the items are added or subtracted.

Item 6 – The amount indicated in this column must be paid not later than one month following the close of the quarter.

Oblitts Chemical Company 34-0420884
142 Locust Street
P.O. Box 375
Elyria, Ohio 44035

Dec. 31, 1970

2

169-26-3956

Donald Matthews N. Ridgeville 1716.53

17.17

17.17

DIVISION OF
TAXATION

CENTRAL
COLLECTION
AGENCY

Type
or
Print
Employer's
Name
and
Address

RECONCILIATION OF MUNICIPAL INCOME TAX
WITHHELD AND TRANSMITTAL OF WAGE STATEMENTS (W-2)

1970

NAME	Obitts Chemical Company	PLACE OF BUSINESS (CITY)	Elyria
TRADE NAME (IF ANY)		EMPLOYER'S IDENTIFICATION NO. (FORM CCA-102)	34-1120884
STREET ADDRESS	142 Locust Street	NUMBER OF W-2 FORMS ATTACHED	29
CITY, STATE AND ZIP CODE	Elyria, Ohio 44035	EMPLOYER'S COPY	

- 1 TOTAL OF MUNICIPAL INCOME TAX WITHHELD FROM WAGES (FORMS W-2).....\$ 1103.34
- 2 TOTAL OF MUNICIPAL INCOME TAX WITHHELD AS REPORTED ON FORM CCA-102 FOR QUARTER ENDED...
- A. MAR. 31.....\$ 274.57 C. SEPT. 30.....\$ 286.88
- B. JUNE 30.....\$ 262.17 D. DEC. 31.....\$ 279.72
- 3 TOTAL OF AMOUNTS AS SHOWN ON LINES 2A THROUGH 2D.....\$ 1103.34
(IF DIFFERENT FROM TOTAL LINE 1, ATTACH EXPLANATIONS)

I DECLARE THAT I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE

DATE 1/11/71 SIGNATURE Rosalby K. Obitts TITLE Vice Pres

FORM CCA-120-V1

CCA-W3

INSTRUCTIONS FOR FORM CCA-W 3

1. **WHO MUST FILE** – Each employer must file Form CCA-W 3 which serves as the transmittal statement for Form W-2 for each employee from whom City income tax has been withheld during the year.
2. **WHEN FILED** – The Tax Administrator's copy of this form should be filed at the same time as your Employer's Quarterly Municipal Tax report (Form CCA-102) for the fourth quarter of the year (or at the time of filing your final return).
3. **RECONCILIATION** – The reconciliation on Form CCA-W 3 applies only to income tax withheld from wages (including tips reported) and care should be exercised to copy only such municipal income tax withholding figures from Form CCA-W 3 for Item 1 and Form CCA-102 for Item 2. Send an adding machine tape or some other type of list showing how you obtained the total of municipal income tax withheld as shown on all Forms W 2. This total should be entered on line 1 on the face of this form. Any difference between the amount on line 1 and the amount on line 3 must be fully explained in an attached statement.
4. **MAILING** – Large numbers of Form W 2 may be forwarded in consecutively numbered packages of convenient size, identified by the employer's name, federal identification number, and the number of packages that will be sent. If more than one package of W 2's are to be sent, they shall be grouped into cities of residence of the employees in order not to delay the auditing of the year end report. All forms and packages sent by mail are required to be sent First Class Mail and mailed to 1701 LAKESIDE AVENUE, CLEVELAND, OHIO 44114.
5. **PLACE OF BUSINESS** – List on the front of this return the City where the place of business is located. If business is conducted in more than one place, then attach a statement and indicate thereon the cities where the business is located.

Elyse
 Jordan
 Other

Rec.	209.69	209.78 -	69.93
49.92	149.75		
15.72	49.16 =		
4.29	14.88		

279.72

	<u>77.17</u>
223.50	20.22
	16.87
	<u>25.19</u>
	62.88
# 1717	<u>17.17</u>
	<u>80.05</u>

Elyria
 199.67
 blank
 149.75 - 49.92

Oceanic
 62.88
 blank
 47.16 - 15.72

M. Ridge
 17.17

EMPLOYER'S QUARTERLY MUNICIPAL TAX RETURN

CENTRAL COLLECTION AGENCY

DIVISION OF TAXATION

If "Final Return"

Indicate here

Date Quarter Ended MAR. 31, 1971	Employer ID No. 34-0420884	Date Due APR. 30, 1971	1. Total wages subject to withholding \$ 29,803.19
Name Obit Chemical Company			2. Amount of tax withheld \$ 298.09
Trade Name, if any			3. Adjustment for preceding quarters of calendar year (PLEASE EXPLAIN) \$ none
Local Business Address 742 Laurel Street			4. Adjusted total of tax withheld .. \$ 298.09
City and ZIP Code Elyria, Ohio 44035			5. Total of enclosed depository receipts (see other side) \$ none
Mailing Address P. O. Box 375			6. Balance due and paid herewith (Item 4 minus Item 5) \$ 298.09
City and ZIP Code Elyria, Ohio 44035			

BE SURE TO ENCLOSE REMITTANCE AND DEPOSITARY RECEIPTS WITH THIS RETURN

MUNICIPALITY	•	CODE	EMPLOYMENT	RESIDENCE	MUNICIPALITY	•	CODE	EMPLOYMENT	RESIDENCE
1% TAX COMMUNITIES					North Randall	7-1-68	560		
Aurora	1-1-69	010			Oakwood	7-1-68	580		
Bay Village	7-1-68	040			Olmsted Falls	1-1-69	590		
Beachwood	7-1-68	050			Orange	7-1-68	600		
Bedford	7-1-68	060			Pepper Pike	7-1-68	650		
Bentleyville	1-1-69	090			Richmond Hts.	7-1-68	670		
Berea	7-1-68	100			Seven Hills	7-1-68	720		
Bratenahl	7-1-70	120			Shaker Hts.	7-1-68	750		
Brecksville	1-1-69	130			Sheffield Vil.	7-1-68	752		
Broadview Hts.	1-1-69	140			South Euclid	7-1-68	770		
Brooklyn Hts.	10-1-68	160			South Russell	1-1-69	772		
Chagrin Falls	7-1-68	180			Streetsboro	1-1-69	775		
Chardon	1-1-70	185			Strongsville	7-1-68	780		
Cleveland	7-1-68	200			Timberlake	10-1-68	788		
Cleveland Hts.	7-1-68	210			University Hts.	7-1-68	800		
East Cleveland	7-1-68	270			Valley View	1-1-69	810		
Eastlake	1-1-69	273			Walton Hills	4-1-69	820		
Elyria	8-1-69	277	223.57	63.82	Warrensville Hts.	7-1-68	830		
Euclid	7-1-68	280			Westlake	7-1-68	840		
Fairview Park	7-1-68	300			Wickliffe	7-1-69	860		
Garfield Hts.	7-1-68	320			Willoughby	1-1-69	870		
Gates Mills	7-1-68	330			Willoughby Hills	10-1-68	880		
Highland Hts.	7-1-68	370			Willowick	7-1-68	890		
Hunting Valley	1-1-69	380			Woodmere	7-1-68	900		
Independence	1-1-69	390			1/2% TAX COMMUNITY				
Kirtland	7-1-69	394			Cuyahoga Hts.	1-1-71	250		
Lakewood	7-1-68	400			Middlefield	4-1-69	510		
Linndale	7-1-70	420			NON CENTRAL COLLECTION TAXING COMMUNITIES				
Lyndhurst	7-1-68	440			Brooklyn	7-1-68	150		
Maple Hts.	7-1-68	460			Lorain	10-1-68	435		6.40
Mayfield Hts.	7-1-68	480			No. Royalton	7-1-68	570		
Mayfield Vil.	7-1-68	485			Parma	7-1-68	620		
Mentor	1-1-69	490			Parma Hts.	7-1-68	630		
Mentor-on-the-Lake	1-1-69	495			Rocky River	7-1-68	700		
Middleburg Hts.	7-1-68	500			OTHER (ATTACH LIST) 999				
Moreland Hills	7-1-68	520			TOTAL - ALL LOCATIONS				
Newburgh Hts.	7-1-68	540						223.57	74.52
Northfield	10-1-68	545							
North Olmsted	7-1-68	550							

Denotes current effective date of Tax Rate.

I have examined this return and to the best of my knowledge, it is correct

FORM CCA-102

REVISED JAN. 1971

Date 4-16-71

Signature

Title (Owner, etc.) Vice-President

April 30, 1971

169-26-3956	Donald Matthews	N. Ridgeville	1720.18	\$17.20
-------------	-----------------	---------------	---------	---------

INSTRUCTIONS FOR FILING ATTACHED RETURN

paid 2/9/71
Ch # 7602

Make check for \$ 112.17
Payable to:
Internal Revenue Service
Treasurer, _____ County
Bureau Of Employment Services
Treasurer, State Of Ohio
Central Collection Agency
Other _____

Refund Due Of \$ _____

Mail to:
Internal Revenue Service
Cincinnati, Ohio 45298
Enclosed envelope
Auditor, _____ County
☒ Central Collection Agency
1701 Lakeside, Cleveland, Ohio 44114
Other _____

In payment of:
F.I.C.A. & Withholding Tax
Federal Income Tax
Federal Estimated Income Tax
State Unemployment Tax
Federal Unemployment Tax
Deposit For Withheld Taxes
Workmen's Compensation Insurance
Sales Tax
Personal Property-Business-Personal
Franchise Tax & Security Valuation
☒ City Income Tax 1970
City Estimated Income Tax
Other _____

Be sure report is dated and signed by: *affair*

Deposit or mail before 1-30-71

☒ Copy enclosed for your records

IMPORTANT: To avoid penalty charges sign and mail report on or before due date even though you do not send the money.

If you receive any notice of penalty forward to me for action

ANNUAL
RETURNFORM
CCA 120-17

NET PROFITS TAX RETURN

FROM BUSINESS, PROFESSION OR OTHER ACTIVITY CONDUCTED
BY INDIVIDUALS, PARTNERSHIPS, ESTATES OR TRUSTS, AND
CORPORATION FOR CALENDAR YEAR 1970

COPY

1970

OR FISCAL YEAR BEGINNING _____ 1970 AND ENDING _____ 1971
(THIS RETURN MUST BE FILED EVEN THOUGH FINAL COMPUTATION RESULTS IN NET LOSS)

NAME Obitts Chemical Company FEDERAL IDENT. NO. _____
TRADE NAME _____ SOCIAL SECURITY NO. _____
MAILING ADDRESS _____
LOCAL BUSINESS ADDRESS 142 Locust St. - P.O. Box 375 If individual owner, home address
CITY AND ZIP CODE _____ CITY AND ZIP CODE _____
CITY AND ZIP CODE Elyria, Ohio 44035 NATURE OF BUSINESS _____

(COMPLETE APPROPRIATE SCHEDULE AND ENTER ONLY ACTUAL
FIGURES HERE)

TAXABLE PROFITS FROM:

1. TAXABLE WAGES FROM (SCHEDULE G)	\$
2. PARTNERSHIPS AND ASSOCIATIONS (SCHEDULE A)	\$
3. RENTS (SCHEDULE B)	\$
4. BUSINESS OR PROFESSION (SCHEDULE C)	\$ 12217.27
5. INCOME FROM ALL OTHER SOURCES (SCHEDULE E)	\$
6. TOTAL TAXABLE INCOME	\$ 12217.27

TAX DUE AND CREDITS

7. TAX DUE SEE (INSTRUCTIONS)	\$ 122.17
(A) CREDIT ALLOWABLE FROM PREVIOUS YEAR	\$
8. CREDITS: (B) PAYMENTS ON 1970 ESTIMATED TAX	\$ 10.00
(C) IF AMENDED RETURN, TAX PAID ON PRIOR RETURN	\$
(D) TAX WITHHELD FROM (SCHEDULE G)	\$
(E) TOTAL CREDITS ALLOWABLE	\$ 10.00
9. TOTAL DUE AND PAID WITH THIS RETURN (LINE 7 LESS LINE 8 (E))	\$ 112.17

10. OVERPAYMENT CLAIMED (IF LINE 8 (E) EXCEEDS LINE 7,
ENTER DIFFERENCE HERE) \$11. ENTER AMOUNT OF LINE 10 YOU WANT CREDITED TO
1971 TAX \$ REFUNDED. \$

QUESTIONS

(Answer fully—use extra sheet if necessary)

1. Please check all applicable blocks:
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Individual Owner |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Partnership |
| | <input checked="" type="checkbox"/> Corporation |
| | <input type="checkbox"/> Estate or Trust |
2. Date business started or trust created: _____
3. If you filed a Return for a prior year, what was the latest year? _____

4. Were any of your prior years' Federal Income Tax Returns
examined and/or changed during 1970? ☐ Not Examined☐ Changed * ☐ Examined but UnchangedYou are required to inform this office within 30 days of
any change in your U.S. Tax Return affecting profits,
earnings or expenses.5. Did you have any employees between January 1, 1970 and
December 31, 1970 ☐ Yes ☐ No6. On which basis are your records kept? ☐ Cash ☐ Accrual
☐ Cash and Accrual Combination ☐ Completed Contract
☐ Other (explain) _____IF BUSINESS TERMINATED COMPLETE
THIS BLOCK

IF YOU TERMINATED YOUR BUSINESS

GIVE EXACT DATE _____

IF YOU SOLD YOUR BUSINESS (OR ASSETS
UPON LIQUIDATION) WRITE PURCHASER'S

NAME _____

ADDRESS _____

IF BUSINESS ENTITY CHANGED DURING
PAST YEAR, MARK APPROPRIATE
BLOCKS.FROM: ☐ Individual ☐ Partnership ☐ Corp.TO: ☐ Individual ☐ Partnership ☐ Corp.I HEREBY CERTIFY UNDER THE PENALTIES PROVIDED BY LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN ANY SUPPORTING SCHEDULE
ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.SIGNATURE OF PERSON PREPARING RETURN IF NOT TAXPAYER
Harry Woltz, CPA

DATE _____

SIGNATURE OF TAXPAYER

DATE _____

THIS RETURN MUST BE FILED AND TAX PAID IN FULL ON OR BEFORE APRIL 30, 1971 (OR WITHIN
120 DAYS FROM CLOSE OF YOUR FISCAL, IF FISCAL YEAR IS DIFFERENT FROM THE CALENDAR YEAR)MAKE CHECK OR MONEY ORDER PAYABLE TO: CENTRAL COLLECTION AGENCY. MAIL TO DIVISION
OF TAXATION, 1701 LAKESIDE AVENUE, CLEVELAND, OHIO 44114.

COPY

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN
IF USED – FEDERAL RETURN MUST BE ATTACHED – NOT TO BE COMPLETED BY SELF EMPLOYED

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
1. CAPITAL LOSSES (FROM FED SCH. D) _____	\$ _____	8. CAPITAL GAINS PER FED SCH. D _____	\$ _____
2. EXPENSES INCURRED IN THE PRODUCTIONS OF NON-TAXABLE INCOME (ABSENCE OF ACTUAL RECORDS-EXPENSES LIMITED TO 5% OF NON-TAXABLE INCOME) _____	\$ _____	9. INTEREST EARNED OR ACCRUED _____	\$ _____
3. ALL INCOME TAXES PAID OR ACCRUED _____	\$ <u>122.17</u>	10. DIVIDENDS (LESS FED. EXCLUSION) _____	\$ _____
4. PAYMENTS TO PARTNERS _____	\$ _____	11. INCOME FROM PATENTS AND COPY RIGHTS _____	\$ _____
5. NET OPERATING LOSS (PER FED RETURN) _____	\$ _____	12. OTHER (EXPLAIN) _____	\$ _____
6. OTHER: (EXPLAIN) _____	\$ _____	13. A. TOTAL OF LINES 8 THRU 12 _____	\$ _____
7. TOTAL OF LINES 1 THRU 6 _____	\$ <u>122.17</u>	B. AMOUNT FROM LINE 7 _____	\$ _____
		14. DIFFERENCE BETWEEN LINE 13 A AND 13 B ENTERED HERE AND ON PAGE 2, LINE 22) _____	\$ <u>122.17</u>

INCOME FROM PARTNERSHIPS AND ASSOCIATIONS (PARTNERSHIPS & ASSOCIATIONS)
LOCATED IN CENTRAL COLLECTION COMMUNITIES, MUST FILE AS ONE ENTITY.

SCHEDULE A

Name, Address and Fed. Ident. No. of Partnership, Associations, etc.	Column 1 Your share of Partnership, etc. Profits	Column 2 Amount on which City Tax was paid	
LINE 27. TOTAL ON WHICH CITY TAX IS DUE (COLUMN 1 LESS COLUMN 2) (ENTER HERE AND ON PAGE 1, LINE 2) _____			\$ _____

INCOME FROM RENTS – IF MORE THAN ONE PROPERTY INVOLVED – GIVE COMPLETE BREAKDOWN
AND ADDRESS OF EACH – JOINTLY OWNED PROPERTY MUST FILE AS ONE ENTITY.

SCHEDULE B

1. Location of property	2. Amount of Rent	3. Depreciation or depletion (explain in Schedule B-1)	4. Repairs (explain in Schedule B-2)	5. Other Expenses (itemize in Schedule B-2)	
LINE 28. A. NET PROFIT (COLUMN 2 LESS SUM OF COLS. 3, 4, & 5) _____					\$ _____
B. RENTAL LOSS PRIOR YEARS					BALANCE
1967 _____					\$ _____
1968 _____					\$ _____
1969 _____					\$ _____
(IF PROPERTIES ARE LOCATED IN MORE THAN ONE COMMUNITY—SHOW BREAKDOWN BY COMMUNITY)					TOTAL
C. NET PROFIT FROM RENTS AFTER LOSS ADJUSTMENT (ENTER HERE AND ON PAGE 1, LINE 3) _____					\$ _____

SCHEDULE B-1 EXPLANATION OF DEDUCTIONS FOR DEPRECIATION OR DEPLETION CLAIMED IN SCHEDULE B

1. Kind of property (if buildings, state material of which constructed). Exclude land and other depreciable property.	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
		\$ _____	\$ _____			\$ _____

SCHEDULE B-2 EXPLANATION OF DEDUCTIONS FOR REPAIRS AND OTHER EXPENSES CLAIMED IN SCHEDULE B

Column Number	EXPLANATION	AMOUNT	Column Number	EXPLANATION	AMOUNT

Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 1970 or other taxable year beginning

1970, ending _____, 19 _____
(PLEASE TYPE OR PRINT)

1970

Check if a—

A Consolidated return ☐

B Personal Holding Co. ☐

C Business Code No. (See page 7 of instructions.)
2898

Name WK 34-0420884 FOR DEC 31 1970 D034
ORITTS CHEMICAL CO
142 LOCUST ST PO BOX 375
ELYRIA OH 44035

D Employer Identification No.
34-0420884

E County in which located
Lorain

F Enter total assets from line 14, column (D), Schedule L (See instruction R)

\$ 90433.36

IMPORTANT—Fill in all applicable lines and schedules. If the lines on the schedules are not sufficient, see instruction N.

GROSS INCOME	1	Gross receipts or gross sales	Less: Returns and allowances	
	2	Less: Cost of goods sold (Schedule A) and/or operations (attach schedule)		
	3	Gross profit		
	4	Dividends (Schedule C)		
	5	Interest on obligations of the United States and U.S. instrumentalities		
	6	Other interest		
	7	Gross rents		
	8	Gross royalties		
	9	Net gains (losses)—(separate Schedule D)		
	10	Other income (attach schedule)		
	11	TOTAL income—Add lines 3 through 10		65281.62

DEDUCTIONS	12	Compensation of officers (Schedule E)		28129.60
	13	Salaries and wages (not deducted elsewhere)		
	14	Repairs (do not include capital expenditures)		1157.70
	15	Bad debts (Schedule F if reserve method is used)		246.40
	16	Rents		5632.16
	17	Taxes (attach schedule)		6667.07
	18	Interest		1464.59
	19	Contributions (not over 5% of line 28 adjusted per instructions—attach schedule)		
	20	Amortization (attach schedule)		
	21	Depreciation (Schedule G)		9889.00
	22	Depletion		
	23	Advertising		
	24	Profit sharing, stock bonus, pension and annuity plans (see instructions)		
	25	Other employee benefit plans (see instructions)		
	26	Other deductions (attach schedule)		
	27	TOTAL deductions on lines 12 through 26		53186.52
	28	Taxable income before net operating loss deduction and special deductions (line 11 less line 27)		12095.10
	29	Less: (a) Net operating loss deduction (see instructions—attach schedule)		

TAX	29	(b) Special deductions (Schedule I)		
	30	Taxable income (line 28 less line 29)		12095.10
	31	TOTAL TAX (Schedule J)		2727.44
	32	Credits: (a) Tax paid (deposited) with Form 7004 application for extension (attach copy)		
		(b) Estimated tax—Overpayment from 1969 allowed as a credit		
		1970 estimated tax payments (deposits)		
		Less refund of 1970 estimated tax applied for on Form 4456		
		(c) Credit from regulated investment companies (attach Form 2439)		
		(d) U.S. tax on special fuels, nonhighway gas and lubricating oil (attach Form 4136)		
	33	TAX DUE (line 31 less line 32). See instruction G for depository method of payment		2727.44
	34	OVERPAYMENT (line 32 less line 31)		
	35	Enter amount of line 34 you want credited to 1971 estimated tax		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

CORPORATE
SEAL

Date

Signature of officer
Harry J. P. Woltz
CPA
Individual or firm signature of preparer

Signature of officer
HARRY J. P. WOLTZ
CERTIFIED PUBLIC ACCOUNTANT
ELYRIA SAVINGS & TRUST BLDG.
ELYRIA, OHIO 44035